C+D

Chemist + Druggist

news + education + tools

www.chemistanddruggist.co.uk

31 January 2009

Get smokers off to a great start...

Product information can be found overleaf

...with **NEW** NICORETTE® INVISI 25mg PATCH™

nicotine

- Significantly more smokers were abstinent during week 1 with NICORETTE® INVISI 25mg PATCH™ compared with our previous patch programme ($p<0.01$)[1]
- 44% more effective at helping smokers quit compared with our previous patch programme at 12 weeks ($p<0.005$)[2,3]

Recommend NICORETTE® INVISI 25mg PATCH™–
a new generation 16-hour patch

Product information can be found on adjacent page

C+D

1859-2009

Celebrating 150 years of publishing

www.chemistanddruggist.co.uk

31 January 2009

NICORETTE® INVISIPATCH™ Product Information: Presentation: Transdermal delivery system available in 3 sizes (22.5, 13.5 and 9cm²) releasing 25mg, 15mg and 10mg of nicotine respectively over 16 hours. **Uses:** Relief of nicotine withdrawal symptoms as an aid to smoking cessation. **Dosage: Adults (over 18 years):** Patients should stop smoking during treatment. The patch should be applied to the skin on the hip, upper arm or chest in the morning and removed at bedtime. Application should be limited to 16 hours per day. Most smokers are recommended to start on 25mg patch, applying one 25mg patch daily initially. In patients who successfully abstain in 8 weeks, dose should then be reduced to 15mg for 2 weeks and then 10mg for a further 2 weeks. Lighter smokers (smoking less than 10 cigarettes per day) are recommended to start at step 2 (15mg) for 8 weeks and then to decrease to 10mg for the final 4 weeks. Adults who use NRT beyond 9 months should seek advice from a healthcare professional. See SPC for further details. **Adolescents (12 to 18 years):** As per adults, but duration of therapy should not exceed 12 weeks without consulting a healthcare professional. **Under 12 years:** Not recommended. **Contraindications:** Hypersensitivity. **Precautions:** Unstable cardiovascular disease, diabetes mellitus, phaeochromocytoma or uncontrolled hyperthyroidism, renal or hepatic impairment, generalised dermatological disorders. Erythema may occur. If severe or persistent, discontinue treatment. Stopping smoking may alter the metabolism of certain drugs. Transferred dependence is rare and less harmful and easier to break than smoking dependence. May enhance the haemodynamic effects of, and pain response to, adenosine. Keep out of reach and sight of children and dispose of with care. **Pregnancy & lactation:** Only after consulting a healthcare professional. **Side effects:** Erythema, itching, urticaria, headache, nausea, vomiting, GI discomfort, dizziness, palpitations, reversible atrial fibrillation. See SPC for further details. **RRP (ex VAT):** 25mg packs of 7: (£14.83); 15mg packs of 7: (£14.83); 10mg packs of 7: (£14.83). **Legal category:** GSL. **PL holder:** McNeil Products Ltd, Roxborough Way, Maidenhead, Berkshire, SL6 3UG. **PL numbers:** 15513/0161; 15513/0160; 15513/0159. **Date of preparation:** December 2008. **References: 1.** Data on file – CEASE 2. **2.** Tønnesen P, et al. Higher dosage nicotine patches increase one-year smoking cessation rates: results from the European CEASE trial. Eur Resp J 1999; 13:238-246. **3.** Data on file – CEASE 3. **Date of Preparation:** December 2008. 04176

For every cigarette, there's a nicorette

www.nicorette.co.uk

Make your pharmacy their pharmacy

PLUS

PLUS is a pharmacy support programme that provides trading deals on GSK UK original-brand medicines and comprehensive services to help enhance patient consultations. This winning combination can help build patient loyalty, moving you a step closer to reaching your business goals.
To find out more, go to www.plus.gsk.co.uk or call 0800 221 441.

PLUS Add more

® device is a registered trademark of the GlaxoSmithKline group of companies

RET/FPA/08/37850/1A October 2008

Chemist+Druggist
news+education+tools for the pharmacy community

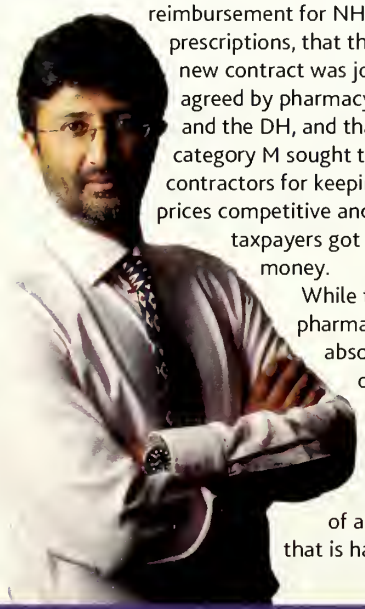
Group Editor (Pharmacy)
Gary Paragpuri MRPharmS
01732 377688
Features & Deputy Editor
Fiona Salvage MRSC
01732 377435
News Editor
Max Gosney 01732 377315
Marketing Editor
Lesley Ribbens 01732 377600
Online Editor
Tom Hawkins 01732 377284
Clinical & CPD Editor
Gavin Atkin 01732 377239
Contributing Editor
Adrienne de Mont FRPharmS
Reporters
Jennifer Richardson 01732 377088
Zoe Smeaton 01732 377441
Chris Chapman 01732 377503
Farida Sharafali 01732 377466
Group Production Editor
Fay Jones 01732 377396
Deputy Group Production Editor
Harriet Kinloch 01732 377112
Group Art Editor
Richard Coombs 01732 377528
Designers
David Farram 01732 377113
Jo Konopelko 01732 377231
Office Manager
Elaine Steele 01732 377621
(fax): 01732 367065
esteele@cmpmedica.com
Marketing Manager
Emily Miles 01732 377612
Commercial Director (Pharmacy)
Ruth McKay 020 7921 8456
Advertisement Managers
Daniel Spruytenburg 020 7921 8126
Deborah Heard 020 7921 8119
Senior Sales Executive
Andrew Walker 020 7921 8123
Online Senior Sales Executive
Jonathan Franklin 020 7921 8333
C+D Data
David Watkinson (Director)
01732 377802
Devi Patel (Operations Manager)
01732 377451
Colin Simpson (Price List Controller)
01732 377407
Darren Larkin (Electronic Data Controller) 01732 377457
Maria Locke (Specialist Systems Controller) 01732 377212
Sandra Drawbridge (Input Clerk)
01732 377254
Price List (fax): 01732 377559
Projects Director
Patrick Grice MRPharmS
01732 377296
Training Development Managers
Asha Fowells MRPharmS
01732 377463
Kinna McConochie MRPharmS
01732 377487
Projects Administrator
Pauline Sanderson 01732 377269
Production
Katrina Avery 01732 377674
Managing Director
Phil Johnson 01732 377633
Email
firstinitialsurname
@cmpmedica.com

Comment from the Editor

Adrian Sanders probably had little idea of the fallout his parliamentary debate on pharmacy funding would trigger (C+D, January 17, p6).

Arguing that contractors faced a "disproportionate burden" in the current economic downturn as they tried to deal with the unpredictability of category M, the Lib Dem MP was simply reflecting the views of pharmacists in his constituency.

In response, health minister Dawn Primarolo highlighted that contractors receive regular reimbursement for NHS prescriptions, that the new contract was jointly agreed by pharmacy and the DH, and that category M sought to both reward contractors for keeping generic prices competitive and ensure taxpayers got value for money.



While the former pharmacy minister is absolutely correct on all of the above, it's her statement that the DH is "not aware of any pharmacy that is having problems because of the payment flow from the NHS" that seems astounding.

> C+D's news pages from 2008 reveal dozens of stories about the impact of category M

CAT M DOSSIER

A quick check through C+D's news pages from 2008 reveals dozens of stories about the impact of category M. From cashflow problems to staff redundancies, C+D reported the difficulties faced by pharmacy contractors – both small and large – with alarming regularity last year. Just how does the government think a pharmacy contractor could predict the £30,000-odd hit they would take from the category M clawback in October 2007? Even Derren Brown wouldn't have seen that one coming.

Well the minister – to her credit – has said that where pharmacies are suffering because of NHS payment mechanisms, she will investigate. And so this week, C+D is launching the Cat M Dossier.

If your business has suffered in any way due to category M, let us know and we will deliver your views to the DH in person. Fill in the coupon overleaf and make sure your views are heard.

Gary Paragpuri, Editor

Contents

C+D
- **PPA Awards 2008** Highly Commended
- **TABPI Awards 2008** Winner for news coverage

© CMP Medica, Chemist+Druggist incorporating Retail Chemist, Pharmacy Update and Beauty Counter
Published Saturdays by CMP Medica, Riverbank House, Angel Lane, Tonbridge, Kent TN9 1SE
C+D online at: www.chemistanddruggist.co.uk
Subscriptions: With C+D Monthly pricelist £240 (UK), without pricelist £190 (UK). ROW price £355.

Circulation and subscription: CMP Information Ltd, Tower House, Sovereign Park, Lathkill St, Market Harborough, Leics. LE16 9EF. Telephone: 01858 438809 Fax: 01858 434958

Refunds on cancelled subscriptions will only be provided at the publisher's discretion, unless specifically guaranteed within the terms of subscription offer.

The editorial photos used are courtesy of the suppliers whose products they feature. We are not responsible for the content of any external websites referred to in this magazine.

recycle

All rights reserved. No part of this publication may be reproduced or transmitted in any form or by any means, electronic or mechanical including photocopying, recording or any information storage or retrieval system without the express prior written consent of the publisher. The contents of Chemist+Druggist are subject to reproduction in information storage and retrieval systems. CMP Information Ltd may pass suitable reader addresses to other relevant suppliers. If you do not wish to receive sales information from other companies please write to Ben Martin at CMP Information Ltd. Origination by ITM Publishing Services, Central House, 142 Central St, London EC1V 8AR. Printed by Headley Brothers Ltd, The Invicta Press, Queens Road, Ashford TN24 8HH. Registered at the Post Office as a Newspaper

Industry anger as DH says it is unaware of payment issues

Dawn Primarolo says there is 'no evidence' NHS payment flow is causing problems

Zoe Smeaton

Pharmacy leaders and contractors have slammed ministerial claims that NHS payment flows have not affected pharmacy businesses.

Dawn Primarolo, ex-pharmacy minister, said the Department of Health (DH) was "not aware of any pharmacy that is having problems because of the payment flow from the NHS". Ms Primarolo also denied that category M clawbacks had been erratic or payments capricious, in a Westminster debate.

But Fin McCaul, chair of the Independent Pharmacy Federation, said there was evidence of the difficulties facing the sector, for example some pharmacies had been forced to let staff go.

Sandra Gidley, Lib Dem MP, said she was "amazed" that the department was unaware of the problems. She added that, while the white paper was a good piece of work, the minister had not engaged wholeheartedly with pharmacy. "We can only hope that the new minister for pharmacy quickly gets a grip on reality," Ms Gidley said.

The row follows a £400 million cut in purchase profits in October 2007. The swing in category M payments has left many businesses with cashflow problems, according to Umesh Modi, a specialist financial advisor to pharmacies. He said: "A lot of my clients have suffered cashflow problems because of the category M situation."

PSNC, which secured an extra £150m in funding last September to ease the financial pressure, said the minister's comments reflected the fact that there was no up-to-date cost inquiry. Asked to comment on the industry reaction, a DH spokesperson said funding arrangements had been agreed with PSNC. The DH said it had agreed to a cost of service inquiry and increased funding in the meantime.

But John D'Arcy, interim managing director at Numark, said: "To suggest that there hasn't been to-ing and fro-ing and swings and roundabouts is just nonsense."

Multiple groups had suffered too, representatives said. Kirit Patel, CEO at Day Lewis, said category M had forced the company to abandon 14 purchases.

Syd Bashford, of Delivery Chemist in Scarborough, said the clawback had "dramatically affected him".

What Dawn said...

"I must profoundly disagree with his [Adrian Sanders'] use of terms such as 'erratic', 'capricious', 'rapid changes' and 'cost-cutting'...

"During negotiations in 2008-09, PSNC expressed concern about pharmacies being underfunded... it is difficult to find any hard evidence...

"We have given extra money just in case; we are in negotiation and we are not aware of any pharmacy that is having problems because of the payment flow from the NHS."

For background on the debate, plus the full transcript, see www.chemistanddruggist.co.uk

C+D plans dossier of evidence to demonstrate Cat M problem

Industry leaders have backed a C+D campaign launched to prove that category M has had an impact on pharmacy businesses.

The effects of the clawback have been extensively reported since October 2007, with C+D revealing job cuts, profit losses and cashflow problems.

Now C+D will collect a dossier of evidence outlining these impacts, and present it to the Department of Health.

John D'Arcy, interim managing director at Numark, said the group had received "lots of calls from members complaining about the difficulties" and he said he would provide evidence for the dossier.

C+D will collect evidence of the impact of category M and present it to the DH

Adrian Sanders MP pledged support, offering to help present the evidence. Others, including multiple pharmacy groups and buying groups, also backed the moves.

Help the C+D campaign by completing the slip below and sending it back to us at C+D, Cat M Dossier, Riverbank House, Angel Lane, Tonbridge, Kent TN9 1SE by February 14. **ZS**

CAT M DOSSIER

Have you found pharmacy funding erratic since category M was introduced? ☐ YES ☐ NO

Has your pharmacy had any problems as a result of payment flows from the NHS? ☐ YES ☐ NO

If yes, in what ways has your pharmacy been affected?

Name, pharmacy and pharmacy address

Complete the slip and return it to us at: C+D, Cat M Dossier, Riverbank House, Angel Lane, Tonbridge, Kent TN9 1SE or fax to 01732 367065 or email to haveyoursay@cmpmedica.com by February 14.

Pfizer wants auditors to root out rogue orders

EXCLUSIVE Drugs firm says move needed to protect UK drug stocks

Max Gosney

Pfizer plans to send independent auditors to a few pharmacies that have made "highly irregular or unusual" orders for its medicines.

The pharma giant said this was not an effort to block parallel exporting of its products, but it had acted to safeguard the availability of medicines to UK patients.

Under Pfizer plans, drug orders could be compared with dispensing data from pharmacy IT systems to flag up rogue buying, C+D understands. Businesses may be challenged by phone and letter before being offered a visit by an independent auditor, the company said.

A Pfizer spokesperson told C+D: "We have identified highly irregular or unusual orders that may compromise our ability to ensure continued availability to all UK patients."

He added: "We strive to manage this and in a small number of cases this may involve offering the use of an independent auditor."

The clampdown follows heightened fears over UK medicine stock levels this winter. Industry insiders have warned of shortages as the falling value of the pound against the euro fuels a rise in drug exports to the EU for resale.

Auditors could be used in a "small number of cases"

Around 2 per cent of UK pharmacies could come under scrutiny from Pfizer.

The company holds ordering data as a result of its controversial direct to pharmacy deal launched in September 2006.

However, question marks remain over the ownership rights of dispensing data, according to system suppliers contacted by C+D.

PSNC said it was "not sure" whether Pfizer could claim rights to individual pharmacy records.

The contract negotiator said it was concerned that patient confidentiality could be jeopardised under Pfizer's scheme.

But Pfizer stressed that auditors will not see any patient details that may breach patient confidentiality.

Should Pfizer be allowed to see your records?
mgosney@cmpmedica.com

'Listening' Society launches workplace pressure initiative

The RPSGB has launched a drive to tackle workplace pressures in a bid to prove it is listening to members.

The Society intends to identify the causes and effects of, and solutions to, pressures faced by pharmacists and "lack of support to deal with these", president Steve Churton told C+D.

Following an online survey at myRPSGB and "a series of high profile seminars", the Society will produce best practice guidance and resources for employees and employers. And there were further "less formed" ideas for outcomes from the Workplace Pressure initiative, Mr Churton said.

The project would not be only "a talking shop", he insisted. "There will be some actions coming out of this." The Society would also be prepared to take disciplinary action if necessary, Mr Churton added.

The Society had concerns about working conditions, pharmacists' ability to take rest breaks and staff resources. But Mr Churton said it would be "wrong to make a sweeping statement" on how widespread such problems might be.

Member feedback during consultations on the new professional body had prompted the initiative, Mr Churton said. "We need to demonstrate that we are prepared to listen to members and tackle areas that we have shied away from in the past."

Asked if members could view the project as a last-ditch attempt to gain support before membership of the professional body became voluntary, Mr Churton said: "There's no better time than now to tackle these issues because we would also be criticised if we didn't tackle them."

The initiative was "a good idea", said Southsea Rowlands pharmacist Emma Lawrence. "It's all very well gathering data, but we all know there are problems so it all depends on what they do with it." **JR**

• To take part in the C+D & The PDA Union Salary Survey 2009, go to www.chemistanddruggist.co.uk

News in brief

30-second smoking saver

The Department of Health has encouraged pharmacists to save smokers' lives with a 30-second intervention. England's chief pharmaceutical officer has written to all pharmacists to introduce guidance on the 3As – ask, advise, act – to "enhance further pharmacy's contribution towards helping people stop smoking".
www.chemistanddruggist.co.uk

Waste reduction role

Pharmacy's role in reducing medicines waste must be beefed up, the NPA has said, following the abolition of prescription charges in England for people with cancer. NPA chief executive John Turk hoped there would now be "roll-out of repeat dispensing and pharmacy-based concordance schemes".
www.chemistanddruggist.co.uk

DH guidance on budgets

The Department of Health has published guidance on proposals to give patients their own health budget. The document encourages PCTs to take an innovative approach to personalised health budgets, the DH said. Scheme pilots will run from the end of 2009 to 2011.
www.chemistanddruggist.co.uk

Boots distribution closure

Boots has confirmed the closure of its Thetford distribution centre, three years after it first announced intentions to overhaul its retail distribution with a centralised Nottingham facility. The company would redeploy affected employees where possible, it said.

C+D pre-reg blog

University of Bath graduate Farida Sharafali is taking two weeks out from her Numark pre-reg to work as a reporter on C+D's newsdesk. Find out how she's getting on in her blog at:
www.chemistanddruggist.co.uk

Mike's loving his new life in the country
See page 38

Why wait for next week? Get the news now:
www.chemistanddruggist.co.uk

News in brief

Yellow card help

The MHRA has produced guidance and checklists, as well as a form for patients to fill in, to help pharmacists report adverse drug reactions. The information will be available from the agency's new pharmacy web page (see C+D, page 12).

TV allergy stars

Pharmacists have starred on ITV's This Morning to help mark Food Allergy and Intolerance Week. NPA-Allergy UK accredited pharmacists screened and tested members of the public for food allergies and intolerances, helping to promote the allergy service.

GP guidance on services

Briefing documents for GPs on repeat dispensing and MURs have been produced by PSNC, NHS Employers and the British Medical Association's General Practitioner Committee. The guides outline the benefits of the services for GPs and patients and give tips on implementation.

Meet up with doctors

Doctors and pharmacists should hold local meetings together to discuss matters of mutual interest, a working group including PSNC, doctors and NHS Employers has suggested. The group is working to improve relationships between the two professions, and has written to LPCs and LMCs.

NHS IT scheme at risk

Risks to the National Programme for IT, which includes projects such as the electronic prescription service, remain "as serious as ever" the chairman of the Committee of Public Accounts has said. The group has published a report on the programme, finding essential systems are late and do not meet the expectations of clinical staff.

Straight to the top

The Beta Buying Group is to send a letter to Prime Minister Gordon Brown, raising concerns about the move to give PCTs the power to decide on new contract applications. The group feels such a system could be easily manipulated.

Boots staff in trouble for Facebook pranks

Employees under investigation following alleged breaches of confidentiality

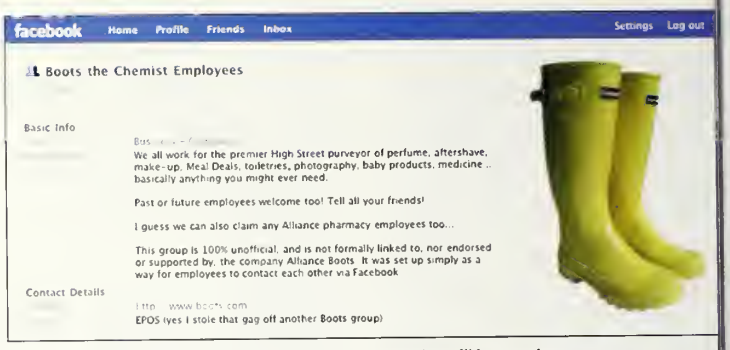
Jennifer Richardson

Boots employees are under investigation after making "inappropriate comments" about their customers on a social networking website.

Employees had breached confidentiality by discussing patient queries, including details of celebrity customers' purchases, on Facebook, the Sunday Mirror claimed last week.

The Celebrity Customers discussion has been removed, at Boots' request, from Facebook group Boots the Chemist Employees. But in other discussions, group members have shared "strange" patient requests. One admitted having discussed with a pharmacist a patient who "had found something jumping around in his pubic hair... Urgh!".

In a message posted on the site, Boots UK managing director Alex Gourlay said: "It has been brought to my attention that a small minority of users of this Facebook group have been posting inappropriate comments about our customers."



The Boots management was "unbelievably disappointed" by postings

Mr Gourlay was "unbelievably disappointed" by the incident. "We are taking this matter very seriously and are conducting an immediate investigation," he said. The Boots logo has been replaced on the group's webpage with a picture of Wellington boots.

Boots declined to comment on whether any pharmacists were involved in its investigations. But the RPSGB confirmed that if confidentiality breaches involved pharmacists they could result in disciplinary action.

Society head of professional ethics Priya Sejpal said: "If a pharmacist was on our register and they had breached the code then we would investigate them no matter what the issue – and a breach of confidentiality is a breach of the code of ethics."

Vascular screening pilot hits Manchester

Check it out

Manchester pharmacists are set to scan thousands of patients for vascular diseases in a forerunner of a £250 million national screening programme.

Thirty five pharmacies will carry out cholesterol and weight checks under the initiative, due to begin on February 2.

Contractors will be paid £30 per patient consultation as part of a three-month trial funded by Manchester PCT and the City Council. Local health chiefs pledged to use results to help cement pharmacy's place in a UK-wide vascular programme.

Kate Kinsey, pharmacy commissioner at Manchester PCT, told C+D: "What I'm hoping to get out of it is seeing pharmacy deliver this type of project. People are increasingly seeing pharmacy as a good source of advice."

The PCT had invited 60,000 patients to take part in the checks, Ms Kinsey said. Posters and T-shirts featuring the programme logo (pictured left) will also publicise the pharmacy check-ups.

LPC secretary Pauline Thickett said: "I really am quite optimistic that this can be a success."

Providers include multiple and independent pharmacies, Manchester PCT said. Information from the check-ups will be sent to GPs.

Pharmacy leaders nationally have voiced concerns that poor links with PCTs could limit pharmacy's role in government plans to screen all over-40s for vascular diseases from April this year. **MG**

Momentum for orlistat

Pharmacists are to be approached by GSK "in the very near future" to prepare them for the launch of pharmacy medicine Alli (orlistat), a GSK spokesperson has said.

The comment follows the news that the weight loss drug will be available from pharmacies without a prescription in the coming few months.

Pharmacists in the UK are to receive "comprehensive training" to supply the drug, the spokesperson said, with GSK wanting "everyone to be ready by the launch date".

The pharmacy industry has backed the move, saying it offers good business opportunities. John D'Arcy, interim managing director at Numark, said: "It has done very well in the States, so I think it is going to be an exciting opportunity." **ZS**

Reap the skincare benefits of Aveeno®

Aveeno is no ordinary emollient because it captures the moisturising and soothing benefits of natural colloidal oatmeal in a cosmetically pleasing skincare range. So for immediate relief, lasting improvement and superior patient acceptability,[1,2] simply recommend ACBS approved Aveeno.

Aveeno®

www.aveenoprofessional.co.uk

1. Dean B, Carmichael A. Emollient packs – choice in dermatology. *Clinical Pharmacy Europe* 2006 (Summer). 33–35. 2. Data on file Johnson & Johnson.

THE EMOLLIENT RANGE WITH COLLOIDAL OATMEAL

Job hunting? Go to:
www.chemistanddruggist.co.uk/jobs

News in brief

NHS cuts carbon

The NHS has pledged to cut its carbon footprint by 10 per cent by 2015. NHS organisations will determine the best way to slash emissions on an individual basis as part of the new Saving Carbon, Improving Health strategy.

North-south divide

The latest Health Profile of England has reported a north-south divide in healthcare quality. The annual review by the DH also found a rise in levels of obesity. However, death rates from cancer and heart disease, and the number of smokers had declined.

PM warned of threat

Pharmaceutical companies have warned Gordon Brown the UK needs to "redouble efforts" to stay in the top tier of pharmaceutical innovation. Industry representatives urged the Prime Minister to improve uptake of new medicines at a Downing Street summit this week.

£40,000 up for grabs

The Pharmacy Practice Research Trust has made £40,000 available to pharmacists looking to develop their practice or research skills. Pharmacists who are self-employed or work for a chain of up to 60 pharmacies should apply for funds before April 24. www.chemistanddruggist.co.uk

MPs want your input

The all-party pharmacy group has called a meeting to examine the role of strategic health authorities in enabling PCTs to increase community pharmacy commissioning. To attend the meeting at Westminster on February 3, contact appg@luther.co.uk

The codeine conundrum

More research is needed before any action is taken on OTC codeine sales, the NPA has advised. The organisation recognised that the problem of misuse "undoubtedly exists", but stated any recommendation had to consider the huge number of sales of OTC medicines.

...time for a clampdown on ...codeine drug sales?
...See page 14

Controlled drugs stolen in gunpoint raid

Morphine and diamorphine taken as staff left traumatised

Chris Chapman

Staff at a Strathclyde pharmacy remain "extremely traumatised" after being targeted in an armed robbery.

The raid, at the New Road Boots store in Ayr, took place at 10.45am on Friday, January 23. A man, described as being in his 20s, threatened customers and staff with a suspected firearm, demanding money and drugs.

He then fled with a haul including vials of morphine and diamorphine and a selection of tablets. No-one was harmed in the incident.

Detective sergeant Steven Wallace, the officer in charge of the investigation, appealed for any witnesses to contact Ayr CID.

He added: "This was an extremely traumatic experience for the staff members and customers involved."

Police have issued a public warning expressing concern that the tablets may have been discarded and could prove fatal if taken.

A Boots spokeswoman confirmed an incident had taken place and that the multiple was aiding the police with enquiries.

The perpetrator was described as white, 5ft 9in in height, 20 to 30 years of age, of slim/medium build and wearing a cream-coloured anorak with dark panels on the side, cream hood and blue denims.

Newham acts

Newham PCT is planning an internal training day for pharmacists to tackle retail crime, in the wake of an attack on an east London Pharmacy.

The event is scheduled for mid to late February and is in direct response to a New Year's Eve attack on staff at Rohpharm pharmacy in Plaistow (C+D, January 3/10, p5).

Reality check: Keele University has revealed an interactive computer programme designed to improve pharmacy student consultation skills. Students can communicate with the virtual patient (pictured) via voice recognition technology or typed questions to gain experience of diagnosis and patient consultations. The 'patient' will respond verbally or with a range of non-verbal gestures designed to indicate pain or anxiety. The avatar can even experience anaphylactic shock if the student forgets to check for allergies. The university plans to integrate video footage of actors with the programme in March. Professor Stephen Chapman, head of Keele's school of pharmacy, said: "Using the virtual patient allows us to explore the full patient consultation and to let the student learn from mistakes in a safe environment." To see the virtual patient in action, go to www.chemistanddruggist.co.uk

Pharmacist jailed for fraud

A pharmacist has been jailed for 12 months for defrauding the NHS, and ordered to repay £45,000, the NHS Counter Fraud Service (CFS) has announced.

Subhash Kantilal Mehta of Hornsey, London, had let down his profession, Southwark Crown Court heard. He pleaded guilty to 14 counts of false accounting in a case brought by the NHS Counter Fraud Services.

Judge Hardy said: "When frauds are committed over a period of time, and from your position, against the NHS...Courts have to send out a deterrent."

Mr Mehta was ordered to repay the money within 28 days.

The Govinda Pharmacy in London's Bounds Green, run by Mr Mehta, had submitted a "large number of excessive and duplicate prescriptions" for payment between 2005 and 2006, the CFS claimed.

Checks with patients confirmed Govinda Pharmacy "was exploiting prescriptions in their name without their knowledge", NHS CFS said.

The case will be referred to the RPSGB. A spokesperson said: "The Society is aware of the conviction and sentence in relation to Mr Mehta. It is not the Society's policy to comment on individual cases."

They said the matter would be reviewed in due course. **MG**

Exclusive to pharmacy

Medised and Medinol

A complete range of treatments for children's pain and fever

Following the recent changes in MHRA guidelines, this simple guide to the SSL Medi range will show you which products you can recommend – by age group – for effective relief.

1 Mth+ 2 Mth+ 3 Mth+ 6 Mth+ 2 Yrs+ 4 Yrs+ 6 Yrs+ 8 Yrs+ 10 Yrs+ 12 Yrs+

Medinol under 6

Medised for Children

Medinol over 6

Medised For Children Paracetamol and Diphenhydramine hydrochloride. Uses: For the treatment of mild to moderate pain including headache, toothache, sore throat aches and pains. Warnings: Consult a pharmacist or healthcare professional before use in children under 6 years. Contains paracetamol, do not take other paracetamol containing products. Do not exceed the stated dose. Immediate medical advice should be sought in the event of an overdose, even if the child seems well because of the risk of serious liver damage. Medicinal category: P. PL number: P PL0338/0033. Further information is available from SSL International plc, No 1 Old Park Lane, Manchester M41 7HA. Date of preparation August 2008. Medinol under 6 Paracetamol Oral Suspension and Medinol over 6 Paracetamol Oral Suspension Contain Paracetamol. Uses: For the treatment of mild to moderate pain including headache, toothache, sore throat and the relief of fever. Warnings: Do not administer with other medicines containing paracetamol. Immediate medical advice should be sought in the event of an overdose, even if the child seems well because of the risk of serious liver damage. Medicinal category: P. PL number: P PL0338/0033, PL0338/0069. Further information is available from SSL International plc. No 1 Old Park Lane, Manchester M41 7HA. Date of preparation August 2008.

SSL and Medised and Medinol are trade marks of the SSL group.

Further information is available from SSL International plc, No 1 Old Park Lane, Manchester M41 7HA.

MediMums.co.uk

Take the salary survey challenge:
www.chemistanddruggist.co.uk

Dispensary TALK

Do you back tougher restrictions on codeine-based drugs?

"Yes, I think I would agree that some kind of control might be worthwhile. We do monitor our sales of codeine very closely, because unfortunately there are regularly people who come in and purchase more than they need."
Lorraine Moore, Rowlands Pharmacy, Sunderland

"No. I think we can monitor them ourselves. I've had a few people who have been codeine misusers and you're alert to it. I think pharmacists should be trusted to exercise their own judgment."
Ali Hayes, Pines Pharmacy, Exmouth

WEB VERDICT:

Yes we should reduce pack sizes and require a consultation **56%**

Yes but we should not reduce pack sizes **8%**

No there are enough restrictions **36%**

Armchair view: The debate over whether it's time to toughen up codeine sale appears to have given the profession a headache. Views are split on last week's [illegible] report.
[illegible]
[illegible]
[illegible]
[illegible]ist.co.uk

MHRA: help us tackle '24-hour news' threat

EXCLUSIVE Profession told to get IT savvy to guarantee accurate drug advice

Zoe Smeaton

Pharmacists must get to grips with e-communications if they want to stay up to date with medicines information, the MHRA has warned.

Diane Leakey, head of information at the agency, told C+D it was sometimes impossible to get information to pharmacists before patients heard about it through the media.

Ms Leakey admitted: "We have a problem now with 24-hour news. There's no way I can get my information to pharmacists before the media today... sometimes in the world of media [news] is going to hit pharmacists and patients at the same time."

This can lead to patients "rushing in" to pharmacies worrying about a medicine, when pharmacists are unaware of it. This happened when the MHRA announced changes to the regulation of cough and cold medicines last year, Ms Leakey said. The agency had received constructive criticism over its handling of those communications, she stressed. Ms Leakey added that the incident had "concentrated the mind" on improving communications with pharmacists.

The comments came as the MHRA outlined plans for a new area on its website, dedicated to pharmacists (see story below).

Ms Leakey also urged the profession to make better use of the MHRA's email alert system. She advised: "A lot of pharmacists aren't using this facility. You have to embrace the electronic age if you want to get ahead of the media these days."

Not enough pharmacists are using email drug alerts, MHRA claims

Want immediate news? Sign up to C+D's e-alerts: **www.chemistanddruggist.co.uk/register**

Web page targets pharmacists

The MHRA is to launch a "suite of initiatives" including a new web page and a series of "how to" guides for pharmacists, in a bid to improve communications with the profession.

Resources will include guidance on how and when to report adverse drug reactions, tips on keeping up with news on medicines and advice on medical devices and the problems pharmacists might encounter with them.

Other relevant information, such as drug safety updates, will also be available on the pharmacy web page, which will launch in February at www.mhra.gov.uk/Safetyinformation/Healthcareproviders/Pharmacy/index.htm.

Diane Leakey, head of information at the agency, said the initiatives came in response to research showing that pharmacists were one of the most trusted health professions on medicines.

She said: "The MHRA can't talk to 60 million patients, there's certainly no way we can talk to them face to face, but who is better placed to do that than community pharmacy?"

Ms Leakey said the web page would bring together all MHRA information relevant to the profession, making it easier to sift through. She said: "[Pharmacists] won't have to wander around, it will all be on one page."

The communications have been "internally resourced", the MHRA said. **ZS**

Profession must look out for counterfeits

Pharmacists must remain vigilant to the threat of counterfeit medicines and should make their views known on proposals to help tackle the problem, the MHRA has warned.

An agency spokesperson said community pharmacists must continue to look out for suspicious medicines or devices, such as crumbling tablets, packaging errors or offers on medicines that seemed "too good to be true".

The MHRA was "not expecting pharmacists to be miracle makers, but to be more aware because they are the last chance before [medicines] go out to patients", the agency said.

Diane Leakey, the MHRA's head of information, urged the profession to respond to the agency's consultation on strengthening the supply chain to tackle counterfeits, and to tell the agency if the plans would not work for them. "Tell us if we're talking a load of rubbish," she said.

The consultation will end on March 13. **ZS**

ASCENSIA® MICROFILL® TEST STRIPS

CONTOUR® TEST STRIPS

Ascensia MICROFILL test strips are now called CONTOUR test strips

We're making things simple. From January 2009, Ascensia MICROFILL test strips will be renamed CONTOUR test strips to match the name of the CONTOUR meter. Only the name is changing – the strips will remain the same and the PIP code will still be 304-0276.

If you receive a prescription for Ascensia MICROFILL test strips, you can dispense either Ascensia MICROFILL or CONTOUR test strips to begin with, but you'll need to remind your customers to get their prescription changed as soon as possible.

Please note; from January 2009 Ascensia® MICROLET® lancets will be known as simply MICROLET lancets. You will still be able to fulfil your customer's prescriptions for these in the same way, but please advise them to get their prescriptions changed to MICROLET lancets. The PIP code will remain 280-0043 for a pack of 100, and 280-0050 for a pack of 200.

BAYER

simplewins

© 2008 Bayer HealthCare LLC. All rights reserved. CONTOUR® and MICROLET® are registered trademarks of Bayer HealthCare LLC. Bayer and Bayer Cross are registered trademarks of Bayer AG.

CDMG 01/09

Time for a clampdown on codeine drug sales?

Last week MPs called for radical reforms to sales of OTC painkillers in a bid to tackle addiction. **Chris Chapman** asks the experts whether tightening sales is the answer

Yes

Dr Brian Iddon
Chair of the All-Party Parliamentary Group (APPG) on Drug Misuse and MP for Bolton South East

We're trying to help the pharmacy profession [with the proposed sales restrictions]. The warning is that these drugs could be made prescription-only if the situation gets as bad as it has in America. In some states they have banned the sale of these products completely; that's a clear message to professionals in this country.

If people don't behave responsibly, look at these recommendations seriously and come to some common sense conclusions, then we're walking along a line where there will be calls to have these products banned.

Codeine is a useful painkiller and taken in moderation it's a useful compound for painkilling. But when taken for a long period people can get into problems. And a lot of codeine products are co-medicated, for example with ibuprofen.

People who get addicted are taking a lot of these medications. The evidence shows people are taking 30 to 70 tablets a day – that's a hell of a lot. And of course if you don't do the separation, gastrointestinal bleeding becomes a problem and can lead to death.

Reducing the pack size [from 32 to 18, as recommended by the APPG on Drug Misuse] makes it more difficult for addicted patients to go around collecting codeine-containing products. But it doesn't stop them. It also makes it more awkward for patients who aren't misusing the drug and it puts up the cost.

However, we reduced the availability of paracetamol and aspirin and the suicide rate went down. I can only extrapolate and say that reducing the pack sizes would have an impact.

I also think the PAGB should advise the manufacturers to put warnings on the box that these products can cause problems or at least physical dependency.

No

Sheila Kelly
Chief executive of the Proprietary Association of Great Britain

We have reduced the pack size [of codeine-containing products] to 32 already. We went to 32 because that is four days' treatment with a paracetamol-based product and about five days' with an ibuprofen treatment. That was a considerable reduction.

I don't think smaller pack sizes will make any difference to people getting addicted or not, but it's going to make it very difficult for people who genuinely need large quantities of painkillers.

The APPG has suggested more warnings about the risks of codeine on packs. Well, the warnings are on the packs already, not just in the leaflets.

Over-Count, a charity for OTC drugs misusers, did a survey of its members and asked them if a really tough warning would have stopped them taking the product, or stop them becoming addicted, and they said it wouldn't have made any difference.

I think if we're going for more warnings we need to see if we can come up with something that would actually be effective.

[The inquiry] also talks about a ban on the advertisement of codeine-containing products. I think that's a red herring.

There are only one or two campaigns a year for analgesics with codeine in them, and they tend to be for toothache or period pains.

Going forward, we need to engage more and learn more from the addicts themselves and do something to help them.

If we make a pack size too small, people will go to the doctor and be prescribed a larger pack. Unless we tackle the problem rather than restrict use we're not going to get anywhere.

What MPs have recommended

- Limit pack sizes of OTC codeine-containing products to 18 tablets
- Boxes should display warnings about potential drug dependence
- Ban advertising of codeine-containing products

What's your view on the OTC codeine debate?
cchapman@cmpmedica.com

Leap into action...

Stock up now!

Nothing works like Motilium 10 to effectively target nausea and stomach discomfort

MOTILIUM 10 Product information.
Presentation: Film-coated tablet containing domperidone maleate equivalent to 10mg domperidone. **Indications:** For the relief of post-prandial symptoms of fullness, nausea, epigastric bloating and belching that is occasionally accompanied by epigastric discomfort and heartburn. **Dosage and Administration:** *Adults and children over 16 years old:* up to 10mg three times daily and at night. Maximum duration of treatment 2 weeks. **Contraindications:** Known hypersensitivity to domperidone or any of the excipients, prolactin-releasing pituitary tumour (prolactinoma), when stimulation of gastric motility could be harmful (gastro-intestinal haemorrhage, mechanical obstruction or perforation), hepatic and/or renal impairment. **Precautions:** Motilium should only be taken according to the dosage recommendations. Patients with persistent symptoms taking domperidone continuously for more than 2 weeks should be referred to a GP. Tablets contain lactose and may be unsuitable for patients with lactose intolerance, galactosaemia or glucose/galactose malabsorption. Co-administration with oral ketoconazole, erythromycin or other potent CYP3A4 inhibitors that prolong the QTc interval should be avoided. **Pregancy & Lactation:** Not recommended. **Side Effects:** allergic reactions including anaphylaxis, anaphylactic shock, anaphylactic reaction, urticaria and angioedema; increased prolactin levels; extrapyramidal side effects; QTc prolongation, ventricular arrhythmias; gastrointestinal disorders including transient intestinal cramps, diarrhoea, pruritus, rash galactorrhoea, gynaecomastia, amenorrhoea. **Package Quantities, RRP (ex VAT):** 10 tablets, £4.20. **Legal Category:** P. **PL Holder:** McNeil Products Ltd., Foundation Park, Roxborough Way, Maidenhead, Berks SL6 3UG. **PL No.:** 15513/0347. **Date of Prep.:** Sept 2008.

Royal Pharmaceutical Society of Great Britain

An Open Letter from the President to all Members

Dear Colleague

Dealing with workplace pressures - Delivering quality services for patients

As President of your Society, I am pleased to announce today that I am launching a major initiative to understand and address the issue of workplace pressures within the profession.

The new professional leadership body for pharmacy will be determined to listen to its members, and to support them in delivering high quality professional services for their patients.

As we move towards the establishment of this new organisation, the Society is changing. We have been actively listening to what you have to say – we have listened as never before – through the Clarke Inquiry; through TransCom; through targeted market research; through membership surveys; through countless face-to-face meetings. You have told us, and we have heard loud and clear, of your aspirations and concerns for pharmacy and pharmacists. It is important that this dialogue continues, and that members and the Society re-engage.

Alongside the huge sense of pride in our profession, and the desire to provide the quality of service rightly expected of a highly valued healthcare professional, many have spoken of the workplace pressures that pharmacists face, and the lack of support to deal with these pressures. Over the past 5 years the role for pharmacists has become more clinically focused. Prescription numbers have risen by nearly 30%, Medicines Use Reviews (MURs) and the Scottish NHS Minor Ailment Service have been introduced, and pharmacists are enthusiastically striving to take on the extended and enhanced roles for which they are ideally placed. I believe that we need to reflect upon the way in which we work, and the way in which we are supported in the workplace.

A professional body has a responsibility both to its members and to the public, and it should be prepared to address issues which adversely affect both of these groups. It is simply not acceptable, or safe, for pharmacists to work without appropriate support, or without the ability to take rest breaks.

Recent research commissioned by the Society reflects what many of you have told us. It reports that the levels of stress in the profession are "extremely high", and related to "high levels of work overload, and working long hours".

This directly affects pharmacists, their colleagues, their families and their patients. The effects of stress on health are well-known – it can trigger depression or lead to physical symptoms. It is also a major cause of sickness-related absence from work, which in turn impacts on employers' productivity. And, importantly, work overload can affect the quality of the service we deliver to our patients, and give rise to concerns of risk to patient safety.

1 Lambeth High Street London SE1 7JN
Head Office Telephone 020 7735 9141 Facsimile 020 7735 7629 www.rpsgb.org
Jeremy Holmes MA Chief Executive and Registrar

Patron Her Majesty the Queen

We will be sharing with the Superintendents and senior pharmacists within the major employers the findings of our research and feedback from pharmacists. We will discuss with them how the Society can support and work with them to examine the impact of, and resolve the factors leading to, inappropriate workplace pressures.

As a key part of this initiative, the Society will host a series of high profile seminars to bring together employers, employee associations, trade bodies, unions, researchers and individual pharmacists to look for a collective solution to the problem of pressures and workload in the pharmacy workplace. The outputs from these seminars will be widely shared, and will form the basis for best professional practice guidance and resources for employers and employees. We are here to support pharmacists to offer the best possible level of service to their patients, and this guidance will provide you with a valued, and long overdue, source of support.

Pharmacists need to feel confident in delegating tasks to others trained to support them – this is not always the case, and is a source of pressure for some - and for patients it is important to have confidence in the advice they receive in pharmacies. We are also committing to deliver a number of initiatives to address these concerns.

As these and other initiatives are undertaken and the outcomes delivered, we will continue to identify additional activity to help pharmacists. But we cannot achieve change on our own. I am interested to hear your views on this initiative, and in particular of your experiences of managing your workload pressures – have you found ways of working that help you better manage your workload or relieve stress? I want to hear from you, and to engage the whole profession in solving this problem.

I started this letter by saying that the new professional leadership body for pharmacy will be determined to listen to its members, and to support them in delivering high quality professional services for their patients and colleagues.

Well, I believe that we shouldn't wait for a new professional body to do this – the current Society has a responsibility to do this, and this initiative demonstrates my resolve, alongside all of those who work on your behalf, to make a tangible and lasting difference to your professional lives and the lives of your patients.

I am also keen to identify other areas where you feel the Society, and the new professional body which follows, should take a lead in supporting you and the profession. I am listening – so please email me at support-for-you@rpsgb.org to let me know how best you think we can help you improve the quality of your professional life and the quality of your professional service to your patients. Your commitment to your profession and your patients is what we are here to support – and you have my personal assurance that we will do so.

Steve Churton
President, RPSGB

Xrayser What's your view? haveyoursay@cmpmedica.com

Keep the OTC codeine option, for safety's sake

The All-Party Parliamentary Drug Misuse Group report hasn't told us anything we don't already know and is apparently recommending closing the stable door after the horse has bolted (C+D, January 24, p6).

While there are drugs, there will be misuse of drugs, but I believe the issue has been tackled pretty well over the last 10 years. Abuse of OTC medicines and benzodiazepines must be a fraction of the problem it used to be.

Abuse of OTCs such as codeine linctus and kaolin and morphine used to be widespread. Many pharmacies don't sell those products anymore (or if they do, under strict protocols), so the problem is virtually solved. Many of us remember chasing those yellow temazepam capsules around the triangle many times each day, but now temazepam scripts are much less common. And when was the last time you dispensed a barbiturate?

The misuse of OTC and prescription drugs has been tackled quickly and effectively, thanks to the efforts of healthcare professionals and the regulatory authorities. Practice is improving all the time, to the extent that things are probably better now than when the all-party group started collecting evidence 12 months ago.

"Many of us remember chasing yellow temazepam capsules around the triangle many times each day"

There can't be many medicine cabinets around the country that now contain more than 32 paracetamol, and there also can't be many medicine purchasers who aren't completely fed up with hearing warnings about the potential dangers of excessive or incorrect use of OTC medicines. Sales protocols and improved training over the last few years have made purchasing OTC medicines a much safer, if more tortuous, process.

We are all aware of people who abuse OTC medicines, but most of these habits began many years ago when, we have to admit, the system was more lax. GPs seem reluctant to take action when I raise the issue with them – I don't know why. I think it unlikely that many people will become addicted to OTC codeine-containing products in the current environment.

Most of the patients I see addicted to codeine-containing medicines are as a result of GPs dishing out repeat scripts for 100 co-codamol 30/500mg. This is an often raised point during MURS, but usually to little effect.

Limiting pack sizes of codeine-containing products to 18 tablets or capsules could even make things worse. Patients limited to two days' supply at a time would be tempted to purchase multiple packs from different pharmacies. Or worse still, it could put them off self-care altogether. An advertising ban could make the products appear temptingly illicit, which would be extremely counter productive.

Excessive controls on codeine-containing medicines would send out a confusing message to patients at a time when they are about to be entrusted with the purchase of orlistat, tamsulosin and trimethoprim to mention a few. This would be a step backwards, having just made several hard-earned steps forward.

Letter of the Law David Reissner

Legal proposals must display fairness

If you thought 2008 was full of upheaval for community pharmacy, think again. The next 12 months has the potential for even more turmoil and angst as the sector gets to grip with a raft of new legal developments.

This year will see the Department of Health's response to the control of entry consultation, guidance on the requirements for responsible pharmacists, a new definition of supervision, and a Section 60 Order on which the Royal Pharmaceutical Society is currently consulting.

There are two issues about the section 60 consultation – each unrelated to the other – that are particularly worthy of comment.

Firstly, there is a proposal that pharmacies that are considered to have problems should be subject to higher retention fees to the RPSGB. This is because the Society's inspectors will be visiting more often and those pharmacies will be placing more of a cost burden on the Society's resources.

Attractive though this proposition might seem at first sight, it is fundamentally flawed. It is absolutely unfair to measure the cost in terms of inspectors' visits. For example, a pharmacy that is performing exceptionally well may attribute some of its success to the input of Society staff, who have spent a great deal of time communicating with the pharmacy over a range of issues.

More importantly, the Society would put itself in the position where it would be the judge of whether a pharmacy was a problem case; it would then be the judge of what additional retention fee should be paid by that pharmacy. The Society would have a direct financial interest in the value judgements it makes – an unacceptable situation.

Another aspect of the section 60 consultation concerns a proposal to abolish the Disciplinary Committee and the Health Committee, replacing them with a new combined committee. On the face of it, this would appear to be eminently sensible, but there is one area that needs consideration.

I have no doubt that the existing committee members are impartial, and consider cases with the greatest care. However, although the pharmacist members of the current Disciplinary and Health Committees are well qualified and distinguished in their fields, none of them is a practising community pharmacist (aside from locum work in some cases).

As almost all disciplinary cases involve community pharmacists, it seems only reasonable to expect that those who judge them will include pharmacists with regular experience of community pharmacy practice. How can anything else be considered fair?

I can only hope that if a new recruitment process takes place as a result of changes proposed in the section 60 consultation, community pharmacists will put themselves forward for selection.

To paraphrase the well-known saying, ask not what your profession can do for you – ask what you can do for your profession.

David Reissner is a solicitor and head of healthcare at Charles Russell LLP, where he is a partner

C+D Clinical

How the immune system works

The first of two articles explaining the immune system and its roles in preventing and causing disease

60-second summary

How does our innate and adaptive immunity protect us?
The innate immune system comprises non-specific barriers to microbial entry, eg mucous membranes, and phagocytic cells that engulf foreign particles. The adaptive system is specific for each microbe; it comprises cytotoxic T-lymphocytes that attack cells directly and B-lymphocytes that recognise proteins (antigens) of invading organisms and produce antibodies to them.

How does the body distinguish between its own and foreign cells?
HLA genes determine structures on all our body cell surfaces that make them recognisable as 'self' to immune cells. They also enable pathogens to be identified as foreign and so destroyed by the immune system.

What happens when the system goes wrong?
Inappropriate mobilisation of these defence mechanisms can result in allergies (a massive over-reaction to a foreign but harmless chemical), auto-immune disease (when lymphocytes attack our own cells or form antibodies to them) and some cancers (when inhibition of HLA results in the immune system failing to recognise a "foreign" tumour cell, allowing it to replicate uncontrollably).

CPD

This article (Module 1462) can help in the following CPD competencies: **G1a, G1c**. See http://tinyurl.com/68ox7b

Reflect

How does our immune system overcome invading micro-organisms? What is the complement cascade? What are human leukocyte antigen molecules and how do they work? Why do auto-immune diseases occur?

Plan

This article explains innate and adaptive immunity, showing how the immune system protects against pathogens such as viruses and bacteria, and how the system can go wrong and cause disease.

Dr Russell Greene MRPharmS

The immune system has developed two lines of defence to protect the body from microbial attack from viruses, bacteria, fungi, protozoa or worms – innate or adaptive immunity.

Innate immunity

Innate immunity is the name we give to both the system of non-specific barriers such as skin and mucous that inhibit physical entry, and also to phagocytic cells that engulf foreign particles or cells. Foreign matter also induces release of mediators such as histamine and triggers the complement cascade, which recruits white blood cells (leucocytes) such as neutrophils and macrophages and directly attacks microbes, and cytokines such as interferon inhibit viral replication within cells (see Table 1 online at www.chemistanddruggist.co.uk/update). This acute inflammatory response increases the flow of blood and inflammatory cells to the affected area, causing heat, redness, swelling and pain.

This response can be rapidly effective at limiting damage, but is inflexible. It possesses only a limited non-specific ability to recognise foreign material, mostly protein, in microbes. Moreover it responds in the same way to all threats each time and does not learn from past attacks. It can also respond inappropriately or excessively causing more damage than protection to the 'host', as in allergies (maladaption).

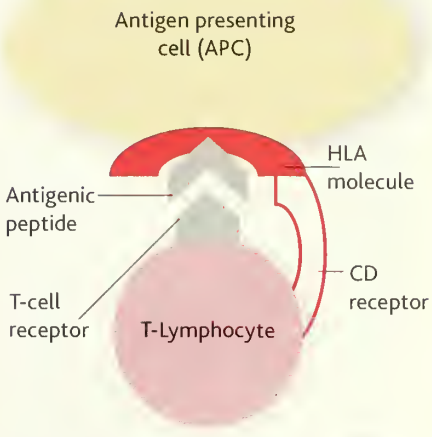


FIGURE 1: INTERACTION OF LYMPHOCYTE WITH ANTIGEN PRESENTING CELL

Antigen is presented in cleft in HLA surface molecule. Lymphocyte CD receptor recognises self-HLA. Binding of T-cell receptor precisely to antigen signals reaction in T-cell eg proliferation or attack

Adaptive immunity

Vertebrates have evolved a more flexible system, capable of responding to a wider variety of microbial threats in a more targeted and effective manner. It remembers past attacks and thus responds more rapidly and vigorously on subsequent infections.

This system involves antibodies, lymphocytes and a wider range of cytokines (see Table 2 at www.chemistanddruggist.co.uk/update). It has knowledge

both of host cells (so it does not normally attack our own tissues) and the enormous range of possible microbial threats. Such a powerful system requires safeguards to prevent self-harm (see Tolerance, below).

Organisation and co-ordination

Cells and tissues

Immune cells are produced in the bone marrow, which contains precursor (stem) cells for all the immune cell lines, as well as red blood cell and platelet precursors. Their growth is stimulated by growth factors specific for each type, eg erythropoietin for red cells. Thus damage to bone marrow can have serious consequences for immune function. Further, there is a high cell turnover, because most mature immune cells do not survive long in the circulation: either they find a target or they die, for example neutrophils have an average life of 24 hours and billions are produced daily. Thus anything that inhibits cell division, such as cytotoxic agents or radiation, can seriously impair immunity by depressing the bone marrow.

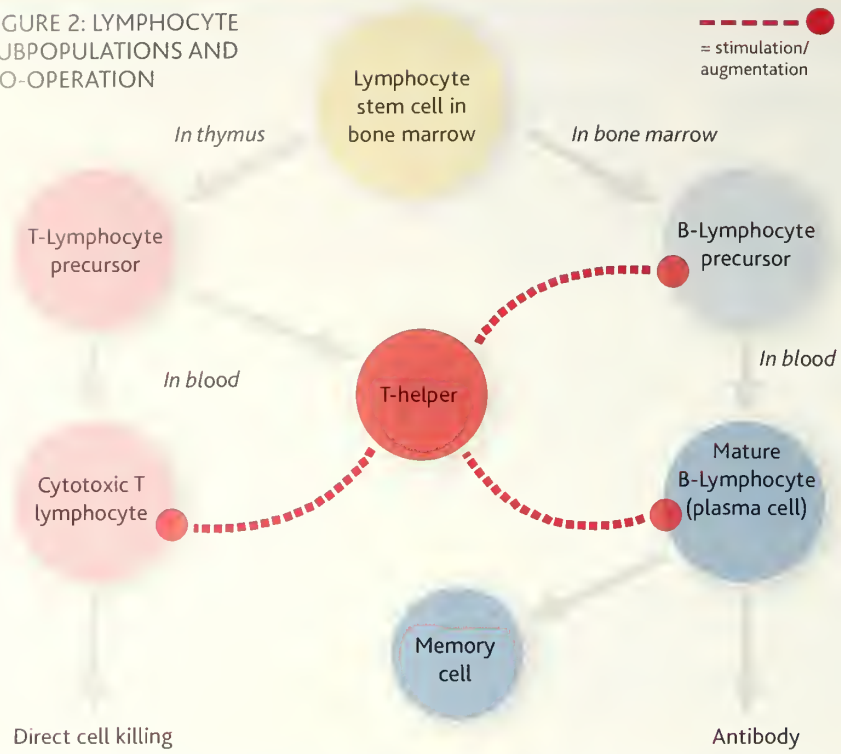
Co-ordination of the various components of the immune system is achieved by cytokines (including interleukins, interferon and tumour necrosis factor [TNF]) released by immune cells in response to foreign material (see online, Table 2). These signals are detected by receptors on a lymphocyte's cell surface.

Histocompatibility and HLA

Most lymphocytes cannot directly identify pathogenic material. It must first be enclosed within an antigen presenting cell (APC) such as the dendritic cells found near most body endothelia, where pathogens may first gain access, and in lymph tissue. Pathogens are phagocytosed and peptide breakdown products (antigens) are 'presented' on APC surfaces by special carrier molecules that enable lymphocytes to recognise the peptides. Subsequently, activated lymphocytes proliferate and migrate to the site of infection. The APC components that process and present antigens are molecules of the HLA system (human leucocyte antigen, also known as the MHC or major histocompatibility complex).

Human chromosomes have numerous HLA genes that code for HLA molecules, and each has several variants, so an enormous variety of peptide fragments can be recognised. Moreover, these genes undergo randomisation during human fertilisation so that no two individuals have exactly the same HLA make-up except identical (monozygotic) twins, although the more closely related the individuals the closer the match. Each HLA molecule has two surface binding regions: one binds the antigen/peptide; the other, which is characteristic for the individual, binds to a lymphocyte. Thus each lymphocyte has two crucial receptors, one for the HLA molecule itself (CD receptor), and another for a specific antigen (T-cell receptor; Fig 1).

FIGURE 2: LYMPHOCYTE SUBPOPULATIONS AND CO-OPERATION



Primitive lymphocytes differentiate into pre-T and pre-B cells. T cells migrate to thymus, to undergo selective deletion and further differentiation. Helper T-cells assist pre-B cell to mature and produce antibody

Immune tolerance

Each lymphocyte can recognise only one single antigen, so a mechanism is needed to generate enough different lymphocytes to recognise every possible foreign peptide. This is achieved during lymphocyte maturation in the foetus. Gene variations ensure a sufficient variety of lymphocytes, each specific for a unique antigen. Only a few cells are needed for each antigen, because once a cell recognises its antigen it undergoes extensive cell division.

In the thymus gland, only cells that develop CD receptors recognising self-HLA molecules are permitted to mature, ie only cells that can bind our own HLA survive. Among these survivors, all lymphocytes with receptors that recognise host protein are then deleted. This process, known as immune tolerance, prevents our own tissues from being attacked. Unfortunately it also ensures foreign human tissue is attacked, as seen in transplant rejection. Further, if this tolerance breaks down, our immune system may start attacking our own organs, as seen in auto-immune disease.

Cell-mediated and humoral immunity

Two distinct arms of adaptive immunity are designed to tackle two different types of problem, each using a particular lymphocyte subpopulation. In cell-mediated immunity, where the microbe is intracellular (mainly viruses) it is necessary to kill the entire infected cell. Cytotoxic T-cells bind to HLA surface molecules, recognising the viral antigen they present.

Other organisms, especially bacteria, remain outside cells, doing damage in part by secreting exotoxins. These are tackled by B-lymphocytes, but only with the co-operation of T-helper lymphocytes, which are responsible for the initial recognition of microbial antigen presented on the pathogen surface, a process independent of HLA. Following activation, the B-cells proliferate, becoming plasma cells, which produce antibodies (immunoglobulins [Ig]) that specifically bind to the microbe, destroying it. Extracellular molecules of foreign protein, such as allergens, may also directly trigger release of antibody, which then neutralises them. Following successful elimination of the antigen or organism, the lymphocyte population declines to normal, but a few memory cells persist to facilitate rapid response to future attack.

These two systems are interdependent. Once a pathogen has been identified signals pass to precursor lymphocytes. These then differentiate: cytotoxic T-lymphocytes attack the pathogen directly; T-helper lymphocytes stimulate B-lymphocytes to produce antibodies (Fig 2).

Problems

Such a complex system can go wrong or have unexpected adverse consequences.

Immunodeficiency

Some people are born with specific genetic defects, for example the inability to make gamma-globulin antibody, or even multiple problems (eg severe combined immunodeficiency [SCID]). Alternatively, deficiency may be acquired as a result of

infection (eg HIV) or immunosuppression (eg following cytotoxic chemotherapy). In many chronic diseases the immune system is also depressed, such as diabetes.

Reaction to harmless stimuli

The immune system occasionally reacts in an unnecessary manner. In allergy there is a massive over-reaction to a foreign but harmless substance, usually of organic origin, such as pollen. An acute inflammatory response is triggered, involving IgE antibody released by B-lymphocytes. The IgE induces mast cells to release mediators that cause, eg skin rash (in eczema) or bronchoconstriction (in asthma). In transfusion mismatch, antibodies against the 'wrong' red blood cells form cross links between them, causing clumping and destruction.

Histocompatibility problems

When an organ is transplanted from anyone other than an identical twin, it will carry HLA surface receptor molecules that are non-self for the recipient. (Naturally enough the immune system was not evolved to cater for transplantation.) Thus in transplant rejection the recipient's lymphocytes attack the donor organ as foreign and could destroy it unless artificially suppressed.

Auto-immune disease is an important phenomenon with a significant disease burden (eg rheumatoid arthritis or Crohn's disease). There appears to be a breakdown in immune tolerance, so that lymphocytes attack our own tissues or produce antibodies that do so. Links between certain HLA genes and particular autoimmune diseases (eg HLA B27 and ankylosing spondylitis) and other evidence suggests that the HLA surface receptors on body cells for some reason become regarded by the immune system as non-self, triggering immune attack. Onset frequently follows a viral infection, when viral genetic material inside certain tissue cells perhaps causes the expression of altered cell surface receptors.

Some cancers may result from impairment of the immune system. It is believed that one result of the genetic abnormalities associated with cancer may be the expression of abnormal HLA surface receptors (especially if the tumour is virally associated). As with auto-immune disease, the affected cells will appear foreign and will normally be eliminated by the immune system. This process, termed immunosurveillance, rapidly eliminates some potential tumours before they can grow. Conversely, immunosuppressed patients may be more susceptible to tumours, such as Kaposi's sarcoma in Aids.

Impaired resolution

Normally when antibody binds to antigen the resulting immune complex is eliminated by macrophages in the spleen. In some circumstances, possibly owing to excessive antibody, this elimination is incomplete. Insoluble immune complex overloads the circulation and is deposited in certain tissues causing a serious inflammatory reaction. One example of this is acute glomerulonephritis; other tissues that can be affected are the joints or skin.

Russell Greene BPharm, MSc, PhD, MRPharmS, is senior lecturer in clinical pharmacy, Department of Pharmacy, School of Health and Biomedical Sciences, King's College London.

Further reading is available online at www.chemistanddruggist.co.uk/update

Your Continuing Professional Development

CPD

Act

- Read next week's Update on treating immune problems (C+D, February 7, 2009).
- Read the tables included with this article online at www.chemistanddruggist.co.uk/update summarising the elements of the innate and adaptive immune systems.
- For more detailed information about the innate and adaptive immune system read the relevant sections of Todar's Online Textbook of Bacteriology www.textbookofbacteriology.net/innate.html and www.textbookofbacteriology.net/adaptive.html
- Read about the immune system from a cancer patient's perspective on the Cancer Research website at http://tinyurl.com/89cpqx
- You may wish to revise your knowledge of some of the auto-immune diseases mentioned such as multiple sclerosis, lupus and rheumatoid arthritis. Do you have any patients with these conditions? Think how you could explain why the immune system caused their disease.
- Find out more about the immune complex disease acute glomerulonephritis at the NHS Choices website http://tinyurl.com/8gqjvc

Evaluate

- Do you now understand how both innate and adaptive immunity work and could you explain them to a patient? Are you familiar with the types of diseases that immune system problems may cause?

5 MINUTE TEST

What have you learned?

Test yourself in three easy steps

Step 1

Register for Update 2009 and you will receive a unique PIN number.

Step 2

Access the 5 Minute Test questions on the C+D website at **www.chemistanddruggist.co.uk/mycpd**

Step 3

Use your PIN to complete the assessment online or phone through your answers. Your test score will be recorded. If you successfully complete the 5 Minute Test online, you will also be able to download an RPSGB-approved CPD certificate. It's that simple.

Registering for Update 2009 costs £32.50 (inc VAT) and can be done easily at **www.chemistanddruggist.co.uk/update** or by calling 01732 377269.

Signing up also ensures that C+D's weekly Update article is delivered directly to your inbox free every week with C+D's email newsletter.

Get an RPSGB-approved CPD certificate for your portfolio when you successfully complete the 5 Minute Test online

Sign up for Pharmacy Update and win!

There are prizes to be won in the new-style Update 2009 – so register now!

Each month all those who complete the month's CPD without making a single mistake will be entered for a draw for a prize of £50. And all those who achieve a whole year's-worth of correct answers will be entered for a draw for a prize of £400.

Supported by

GENUS PHARMACEUTICALS

For more real-life scenarios see:
www.chemistanddruggist.co.uk/practicalapproach

Clinical Alerts

Chlorpromazine 100mg/5ml oral syrup (chlorpromazine hydrochloride) Added risk of elderly and postural hypotension.
Rosemont Pharmaceuticals 0800 919 312.

Adalat, Adalat 5 (nifedipine) Indication changed from hypertension to essential hypertension, also should be used only when no other treatment is appropriate due to dose-dependant increase in cardiovascular complications and mortality. Bayer House 01635 563 000.

Sprycel 20mg, 50mg, 70mg and 100mg tablets (dasatinib) Addition of new strength ie Sprycel 100mg film-coated tablets. Bristol-Myers Squibb Pharmaceuticals 01895 523 740, medical.information@bms.com

To get news of SPC changes and new products emailed to you each week, sign up at: www.chemistanddruggist.co.uk/register

EMEA rules on Ritalin

Patients given Ritalin (methylphenidate) should be subjected to additional screening and monitoring, the EMEA has recommended.

A review of the treatment concluded that children and adolescents with attention deficit hyperactivity disorder should continue to receive the treatment.

However, patients should be checked and monitored for blood pressure and heart rate problems, their treatment should be interrupted once a year to determine whether continued treatment is required, and their height and weight should also be measured regularly.

Patients should also be screened for psychiatric disorders including depression, suicidal thoughts, psychosis and mania.
http://tinyurl.com/c42cvr

• EMEA officials have recommended that the licence for tacrolimus (Protopic) should be extended for use as a maintenance treatment for atopic dermatitis. It is currently licensed for short-term and intermittent use in moderate to severe atopic dermatitis.

See more clinical news at www.chemistanddruggist.co.uk/news

Non-constipating opioid

Patients with severe chronic pain can now be treated with an oral two-part opioid-based formulation to reduce constipation symptoms.

Targinact from Napp Pharmaceuticals is an oral combination of prolonged-release oxycodone and prolonged release naloxone, an opioid antagonist.

The combination produces pain relief equivalent to oxycodone alone, but the naloxone acts locally on receptors in the gut, reducing the constipating effects of the oxycodone. Napp Pharmaceuticals, 01223 424444.

Clinical Briefs

More statin good news

Statin treatment in patients with familial hyperlipidaemia brings heart disease risk down to levels equal to those in the general population, a BMJ paper has revealed. The study showed a 76 per cent reduction in coronary heart disease, and found the patients frequently required doses smaller than the current recommendations.
http://tinyurl.com/bqyf9q

Protein is clot clue

Researchers have identified a protein that could lead to safer anti-clot treatments. Removing the PKCα protein from platelet cells in mice prevented dangerous clot formations; however, loss of PKCα does not prevent normal clotting, following injury, for example.
http://tinyurl.com/bhynt7

New epilepsy treatments
Want to know more?
www.chemistanddruggist.co.uk/clinicalindex

A Practical Approach — Different types of cough

The Update Pharmacy has a new pre-registration trainee, Joanna Savage. She has finished her hospital placement and just started at Update for six months.

Joanna and her pharmacist tutor, David Spencer, are reviewing the areas of the RPSGB's registration exam syllabus that she has already covered and what remains to be done.

"Of course, I haven't covered this yet," says Joanna, pointing to a section headed 'Differentiating minor illness from more serious disease'. "And it seems an age since I did the Symptom Management module at uni. So I really need to get up to speed on that."

"Don't worry," David replies. "You'll get plenty of experience on the medicines counter. But as to theory back-up, I think we'll do that as little projects. I'll start you off on one of the symptoms we get most enquiries about – cough. I'll give you a series of scenarios involving cough and I want you to work out what each symptom complex might point to. You can work on them in your study session on Thursday and give me the answers on Friday."

Questions

David presented Joanna with the following scenarios:

1. A non-smoker of 60 wants something for a cold and 'phlegmy' cough he has had for the last few days. The phlegm was clear to start with but is now thicker and yellowish-brown.
2. For several years a 50-year-old smoker has had a 'morning cough' when he gets up. He is a bit worried because it has got worse this winter and he is bringing up greyish-green sputum.
3. A 50-year-old smoker's chronic cough has changed from productive to persistent and dry. He sometimes brings up blood and he looks thinner than he used to. He is afraid to go to the doctor.
4. A 38-year-old eastern European migrant worker, living in a small flat with several colleagues, has a chesty cough, is feverish, slightly short of breath and has been waking up sweating in the night. He is not currently registered with a GP and wants you to recommend something.
5. A woman of 78 shows you some tablets she has bought in another pharmacy containing ephedrine and theophylline and asks for more. In response to questions she says they are for cough and breathlessness that she gets in bed at night. She also asks if you have anything for puffy ankles.
6. A mother wants something for her three year-old's dry cough at night. He has no other symptoms.

David asks Joanna what the symptoms might indicate in each case and the action she would take.

Answers

1. Bacterial chest infection, secondary to URTI.
2. Smoker's cough is an early sign of COPD. He may now have developed bronchitis.
3. Symptoms suggest the possibility of lung carcinoma.
4. Symptoms suggestive of tuberculosis.
5. Symptoms suggestive of chronic heart failure.
6. Possibly asthma.

In all cases the patient must be referred to a doctor

Can you suggest a scenario for Practical Approach? We're offering a £10 Amazon voucher for those we publish. Email ideas to haveyoursay@cmpmedica.com

This article can help in the following CPD competencies: **G1a, G1d, G2o, C1a, C1f.**
See http://tinyurl.com/68ox7b

C+D's A Practical Approach is supported by APOTEX UK LTD

Practice Certificate in PHARMACY MANAGEMENT

PCiPM

Practice Certificate in Pharmacy Management

Be a better manager

The Practice Certificate in Pharmacy Management is a distance learning course delivered in association with Medway School of Pharmacy. It is designed for anyone who manages, or aspires to manage, a community pharmacy.

Ten training modules make up two Short Courses within the Medway Short Course Pathway. Each course, on completion, is worth five points towards a postgraduate Certificate qualification.

- **Building your team**
- **Leadership and communication**
- **Managing yourself**
- **Corporate governance**
- **Communication in organisations/meetings**
- **SOPs and audit**
- **Managing risks and solving problems**
- **Strategic planning**
- **Project management and change**
- **Marketing your business**

To register for the PCIPM course, please complete the form below and return to Pauline Sanderson, CMP Medica, Riverbank House, Angel Lane, Tonbridge, Kent, TN9 1SE. Tel: 01732 377269.
Email: psanderson@cmpmedica.com

Registration fee (including course materials and assessment for all 10 modules) £110 CUT HERE

Name: _____

Address: _____

_____

Postcode: _____

Email: _____ Daytime phone number: _____

Please charge my ❑ debit card ❑ credit card **Card type:** ❑ Maestro ❑ Visa ❑ Mastercard

Card number: _____ Expiry date: _____

Name on card _____

❑ I enclose a cheque made payable to UBM Information Limited

CMPMedica would like to keep you up to date about our products and servicesfor healthcare professionals. (Please note our emails may also include information from other carefully selected companies that may be of interest to you. Your details WILL NOT be passed on to third parties without your consent. If at any time you do not wish to receive information from CMPMedica, please write to Emily Miles, CMP Medica, Riverbank House, Angel Lane, Tonbridge, Kent, TN9 1SE
You can view our privacy policy at www.chemistanddruggist.co.uk/privacypolicy

in association with
Medway School of Pharmacy

University of Kent

The University of Greenwich

Supported by an educational grant from McNeil Products Ltd.

C+D AWARDS 09

Your turn in the spotlight

Championing the very best of community pharmacy, the C+D Awards 2009 celebrates the people and companies who go above and beyond the call of duty when delivering pharmacy services. Whether you are a newly qualified pharmacist or a pharmacy technician, an LPC chief executive or a pre-registration student, this is your chance to be in the spotlight. Tell us about your achievements and it could be you on the winner's podium.

Enter online today
www.chemistanddruggist.co.uk/awards

In association with

NPA National Pharmacy Association

Running like clockwork

CD08 AWARD WINNER

Aniket Parikh tells **Jennifer Richardson** how he kick-started his career to become C+D New Pharmacist of the Year 2008

To say Aniket Parikh hit the ground running would be an understatement. A travel vaccination clinic, smoking cessation, diabetes screening, substance misuse, and a minor ailments scheme were just some of the services he inherited when he became the sole pharmacist in charge of a busy London pharmacy.

But Mr Parikh took it all in his stride – along with MURs, blood pressure and cholesterol testing, and a PGD to supply EHC to under-16s – when he took over the flagship branch of the 11-strong Clockwork Pharmacy chain. It's a breathtaking list by any measure – but Mr Parikh took the job straight after qualifying as a pharmacist in July 2007.

"It's quite a lot to take on but I seem to be handling it OK so far!" says Mr Parikh, of his whirlwind first year as a professional.

Inheriting such a mammoth workload fresh from his pre-reg training, Mr Parikh could easily have been forgiven for thinking he had quite enough to be getting on with. Instead, he set about refining existing services as well as setting up new ones, including a weight management programme and chlamydia screening. And introducing a revised system for MUR appointments meant Mr Parikh was able to complete almost 40 in his first month – a record for the group – and he has helped roll out this best practice across Clockwork Pharmacy's stores.

This impressive level of activity in his first few months as a qualified pharmacist helped Mr Parikh bag the New Pharmacist of the Year accolade at the 2008 C+D Awards, with the judges saying: "He demonstrates a breadth of activity which some others would not have encountered after many years on the register." And Clockwork Pharmacy superintendent Sanjay Ganvir agrees that the 'new' in the title is almost unnecessary. "He stands out amongst a peer group of all pharmacists," Mr Ganvir says.

But Mr Parikh humbly thinks the comparison with more experienced pharmacists struggling to get to grips with the service agenda is somewhat misleading. "Pharmacy's changing a lot and there's all this talk about the new contract, but for me it's the only contract that I know," he explains.

"So I have come in and just embraced it all and got on with what I need to do."

But it is also for his ability to foster relationships that Mr Parikh has earned glowing reports from colleagues. He used these skills to quickly build a relationship with a local drug rehabilitation clinic, resulting in increased prescription volume and turnover for the pharmacy. "I have built up a rapport with them," Mr Parikh says, "so anytime they need anything they'll just come to me as a first point and I'll do my best to help them out."

Within weeks in his new role, Mr Parikh had also successfully settled an ongoing staff dispute. And the GP who runs an in-store clinic at Mr Parikh's Hackney pharmacy, Dr Arup Chatterjee, says: "His relationships with colleagues and co-workers should be a lesson to us all."

The importance of teamwork is one that Mr Parikh is keen to stress. "The whole team have really contributed to the success of the shop," he says. "Training your staff is the main thing because, with all services, your counter staff are more than capable of getting a lot done before it comes to you.

"When I have been to training, I will come back and feed back to them so they know what's going on and what we're going to be doing."

He has also been fortunate, Mr Parikh says, to have worked under City & Hackney Teaching PCT, progressive in pharmacy terms for its embracing of enhanced services. "Working here really has enabled me to work to my full capacity," Mr Parikh says. "I know with a lot of other boroughs they have been really slow in rolling out enhanced services, so I do feel lucky being here."

Despite his modesty, Mr Parikh does have some advice for other budding young award winners. "Be confident that you can take on that extra responsibility, rather than just going for the bare minimum," he says, "because it's easy to just plod along.

"Have the confidence to push yourself and move onwards and upwards."

And after such an illustrious start, where does Mr Parikh go from here? Clockwork Pharmacy MD Prashant Patel has no doubt that it is indeed onwards and upwards for his young protégé. He says: "I am sure that in the next few years this young pharmacist will make his indelible mark upon his chosen profession."

For now, though, Mr Parikh says, it's back to the day job. "Now it's business as usual – getting on with everything and trying to do the award justice!"

Aniket Parikh file

Name: Aniket Parikh

Pharmacy: Clockwork Pharmacy, Hackney, London

Award won: C+D New Pharmacist of the Year 2008

Award entry: Not content with getting to grips with a raft of ongoing enhanced services, in less than a year of practice Mr Parikh has upped MUR output, built up profitable relationships with local health professionals and introduced new services including a weight management clinic and chlamydia screening.

Entries for the **2009 C+D New Pharmacist of the Year** category are now open. Go to **www.chemistanddruggist.co.uk/awards** for full entry details, hints and tips, online entry or to download an entry form.

Managing well?

Pharmacy is not getting any easier. Dispensing volumes alone are worrying as they have risen by more than 50 per cent in the last 10 years. Add to that the increase in clinical services (up 13 per cent in 2007-08) and a seemingly endless rise in administration and the situation gets more concerning. And with yet more roles planned for pharmacy, such as in the vascular risk assessments which the government is due to roll out in April this year, things are unlikely to improve.

So will there come a point where already overworked pharmacists find themselves with, quite simply, too much to do?

Umesh Modi, a specialist financial advisor to pharmacies, says this is already happening, as his clients struggle to provide enhanced and advanced services. "There's definitely the feeling that they can't cope and are losing out... while they concentrate on the [administrative] burden, they lose out on additional income from clinical services," he says.

John D'Arcy, interim managing director at Numark, agrees: "Just to do the day job requires every second. If you're going to do additional stuff, how are you going to do it?"

As the economic climate continues to worsen and margins tighten, doing this 'extra stuff' is going to become more and more important though. And with big changes such as the electronic prescription service (EPS) and cardiovascular risk assessments scheduled for 2009, work volumes are going to rise and it will be vital to address any workload problems. As Fin McCaul, chair of the Independent Pharmacy Federation, says: "2009 should be an opportunity to review your whole business. We have EPS coming in, white paper services coming, there's going to be lots more work put on our plates."

So what can pharmacists do to ease the pressure? It all comes down to having the right staff to do the right jobs, Mr McCaul says. He advises developing a plan for your business, then matching tasks to the people with the most relevant skills to ease your own workload. While this might be possible using your existing dispensing team, the time may have come to look further afield and consider taking on extra staff, he says.

One option could be to hire a business manager (see panel opposite on Business manager: the perks). Their job description should be adapted to suit your own business needs, but could include tackling issues such as changing work practices, clinical governance and staffing. They could also help you keep up with current developments in the profession, which are rapidly changing, and even help out with the financial side of the business.

Alastair Buxton, head of NHS services at PSNC, thinks such a manager is certainly "an option to be explored". And an RPSGB IT conference suggested that such a recruit could help pharmacists cope with EPS and the associated changes to working practices.

As well as these workflow adjustments, there is concern that when EPS comes in and patients can nominate pharmacies to receive their prescriptions, independents could lose out as the multiples advertise and entice patients to their services (C+D, December 13, 2008, p5).

Ian Taylor, commercial director at Rx Systems, says this is his biggest concern about EPS and that pharmacists are going to have to think about ways to maintain nominations. He warns it would be a "pretty brave person to sit back and not engage with patients", and suggests that pharmacists could take on a marketing manager to help them.

Additional services are also requiring more and more attention. Michael Maguire, of Marton Pharmacy in Middlesbrough, employs Michelle Myers as his practice manager. The pharmacy offers a range of services, such as smoking cessation and chlamydia screening, but also aromatherapy

As pharmacy workloads rocket and the profession faces yet more pressure, **Zoe Smeaton** asks if the time has come to get a little extra help from outside the dispensary walls

massage, podiatry and other treatments from an attached therapy centre. Mr Maguire says he quite simply could not have done all of this without Ms Myers, who is responsible for running the treatment centre and also helps to deliver some of the services.

If you're still not convinced by the idea of a marketing or business manager, there could be another way too. Mr Modi says: "A lot of people are thinking about having a second pharmacist." This pharmacist could provide clinical services, freeing owners up to deal with paperwork and business planning.

The obvious downside to bringing in extra staff of any kind is the cost; a full-time business manager could cost around £25,000 per year. As Mr D'Arcy points out: "The problem with bringing extra staff in is the extra cost, so unless pharmacists have a business plan which brings back money from that they may be reluctant."

There are ways around this though. As Mr Maguire has shown, using a business manager to help deliver services can boost income. Hiring someone for just a few days a week could be also be an option. Mr Buxton knows of some pharmacists who have "dabbled" with business managers, in some cases sharing them between a number of pharmacies. He thinks it would be a good idea for pharmacists to be thinking about how they can work with other local pharmacies anyway, and that they should be considering how they can free up their time. And Mr Modi advises that sharing a person could be "more cost-effective".

Whatever solution you choose, it is clear most pharmacies are going to have to do something to tackle the ever rising workloads, and hiring extra help might be the only way. As Mr Modi predicts: "I think [pharmacists] will have no choice, they may have to look at it... they have to cope with the additional services or they will lose out."

Business managers: the perks

Stay ahead of the pack: Sandeep Dhami is general manager at Jardines, which has 18 pharmacies in the Milton Keynes area. His job includes helping the owner to "keep up with what's going on with things like the white paper and PPRS, and how that affects us", which can give the business an edge.

Boost your service capacity: Michelle Myers, practice manager at Marton Pharmacy in Middlesbrough, has been trained to deliver a smoking cessation service, and also offers reflexology. Owner Michael Maguire explains: "We're getting as much use out of her as we can."

Get a second opinion: Mr Dhami says if an owner works day-to-day in the dispensary they can lose the bigger picture, but if they concentrate on running the pharmacy business they can lose touch with the day-to-day issues. Having two people looking at things can help give some balance.

Improve your business: Ms Myers analyses the financial position of the business, keeping an eye on cash flow and reporting back to Mr Maguire. He says this focus on the business has enabled him to "see where we're making money and so where we should continue to develop our business". He adds: "It has been a fantastic help and invaluable in terms of developing the business."

Workload: the evidence

- The number of prescription items dispensed rose by 5 per cent in 2007-08.
- Local enhanced service numbers have risen to 25,229 in England and Wales in 2007-08, up 13 per cent from 22,416.
- Over one million medicines use reviews were conducted by community pharmacists in England and Wales in 2007-08, compared to 589,810 in the previous year.
- A Pharmacy Practice Research Trust survey of 762 pharmacists found that the 2005 pharmacy contract was perceived to have increased workload and made additional demands on pharmacists.
- C+D's 2008 Salary Survey of 928 pharmacists revealed that morale was at rock bottom across the sector, with one respondent saying workloads were "becoming unsupportable".
- The Pharmacists' Defence Association's most recent stress audit suggests that 81.6 per cent of pharmacists have to work intensely either always or often.

Letters

Please email us with your letters including your name and contact number to: **haveyoursay@cmpmedica.com**

Or write to the Editor at:

C+D, Riverbank House, Angel Lane, Tonbridge, Kent TN9 1SE

Letters may be edited for content and length

No minister: 'I am just about breaking even'

Health minister Dawn Primarolo spoke recently (January 14) during a House of Commons debate on pharmacy payments and clawbacks such as category M called by Lib Dem MP Adrian Sanders.

Ms Primarolo said: "I must profoundly disagree with his use of terms such as 'erratic', 'capricious', 'rapid changes' and 'cost-cutting'... because they do not describe what is going on..." She added: "I say to the hon. Gentleman that if he has an example of a pharmacy in his constituency that is going out of business directly as a result of this agreement – not as a result of other business decisions that the wider pharmacy business took – I am happy to look at it."

Well, perhaps if the minister spent some time in community pharmacies talking to pharmacists, like myself, who are struggling to provide a high quality service, then she would have a better grasp of the reality that community pharmacists are facing.

I will not dwell here on the failure of PCTs and practice-based commissioning groups to engage with pharmacy other than to note the comments in a consultation published by the DH itself this month (Pharmacy in England: Building on strengths – delivering the future – Proposals for legislative change) that concludes again and again that PCTs are simply not fit for purpose to deliver community pharmacy services.

> "My net profit margin has fallen from an acceptable but unexceptional 6 to 7 per cent to (currently) 1 to 2 per cent"

Not cost-cutting? I have seen my gross profit margin, which initially improved with the introduction of the new pharmacy contract, collapse following government imposed changes during 2007. My net profit margin has fallen from an acceptable but unexceptional 6 to 7 per cent to (currently) 1 to 2 per cent. This leaves my business just about breaking even so long as I pay myself nothing, and with no resources to invest for the future or even afford basic pay rises for my hard-working and committed staff.

Not erratic? The effects of the combined reimbursement-and-remuneration changes across my small group of seven pharmacies has varied from 50p per item reduction in one branch to nearly 200p in another. Moreover, one group of local GPs has now decided to move from 28-day to 56-day prescribing, halving my remuneration overnight as a result.

Not capricious? To make matters worse, some PCTs are playing Russian roulette with pharmacy incomes by continually manipulating GP prescribing of category M products

No rapid changes? The reimbursement/remuneration package changed literally overnight in 2007 and cashflow has been a nightmare since. It was impossible to foretell that these swingeing changes would occur (so much for transparency) and the effects have been both inconsistent and indiscriminate.

The minister went on to say that if Mr Sanders had an example of a pharmacy that is going out of business directly as a result of this agreement she would be happy to look at it. Speaking personally, I am not at that point yet, but I am well aware of other independents who are, and of national multiples both laying off staff and closing branches.

During the course of the debate the minister made self-congratulatory remarks about the Pharmacy in England White Paper. In this, if in nothing else, the minister and I are at one. All I would say is: "Minister: put your money where your mouth is."

Graham Phillips,
Manor Pharmacy Group,
Hertfordshire

How has category M affected you? **haveyoursay@cmpmedica.com**

Embracing, not rejecting, ETP is the way forward

Zoe Smeaton's article on ETP makes for interesting reading (C+D, January 3/10, p8). There is no doubt that ETP will be the greatest leap forward since the introduction of paper for prescriptions. It will transmit the desires of the prescriber direct to the pharmacist, over a secure NHS net.

No longer will we have to decipher handwriting, patients will have the prescriber's intentions relayed to the dispensing label, compliance will improve, and lives saved. And technicians will be able to handle more of the dispensing role, freeing pharmacists to provide clinical services.

However, is a council of perfection. Release 1 of ETP is grinding nowhere. I locum in a wide variety of pharmacies and I can count on the fingers of one hand, where pharmacies are actively using ETP. The response I get when I produce my smart card is: "Oh we don't use it – it's too slow," or: "Our barcode scanner won't/doesn't work."

Community pharmacy appears to be paying lip service to the concept of ETP. The multiples all want to use it, but they don't go at it hard enough to make it work. As for the independents – forget it! Only one major chain where I locum has the infrastructure in place to give a reasonable semblance of what ETP should be and even then it's hit or miss.

Pharmacists do not realise that this is a honeymoon period, where they can use the system without suffering financial penalties, as scripts dispensed using ETP are not transmitted to the PPA; for now, payment is based on the paper copies submitted each month. But this will not last forever and the time will come when pressing that button commits you to a payment on what you have dispensed.

Then we have prescribers. There is only one place I locum where most scripts are barcoded. In other areas, most prescribers either will not or cannot produce barcoded scripts. I don't know if this is a function of their software, or if they are simply opposed to technology.

And despite all of this, Connecting For Health produces leaflets about how good the system is, featuring pharmacists using the system as it should be used.

Where ETP is used in any great numbers, it's a breeze to use. But before the system gets full acceptance, there are many hurdles to overcome, and a government committed to putting the patient first seems to be taking a remarkably laissez faire attitude in driving ETP.

I really want this system to work, but until someone has the guts to seize the worlds of pharmacy, medicine and IT and say "look, this is an advance, which will save lives, time and money, and you will make it work or else", we will still be in the same position in a year's time.

Bob Dunkley MRPharmS, Leeds

An ethical dilemma...

Community pharmacists are confronted with ethical dilemmas almost every day. Even when you act in the patient's best interests, you may feel that you have overstepped ethical boundaries or committed an offence – and there may be times when you wish you could do more to help. This series focuses on these ethical decisions and, each month, we present a scenario likely to arise in a community pharmacy and ask a member of the Pharmacy Law and Ethics Association (PLEA) to comment on the legal and ethical implications of the actions open to you.

The dilemma: an unlawful request

The non-pharmacist owner of an independent pharmacy asks you, his manager, to supply him with an antibiotic for his girlfriend, who has a vaginal infection. She has had the antibiotic before but is too embarrassed to go back to her GP for a prescription. You want nothing to do with an illegal supply but you don't want to fall out with your boss. Do you turn a blind eye while he helps himself to the stock in his own dispensary?

The ethicist's view

The opposing principles in this case relate to the best interests of the patient, the pharmacist's professional autonomy to follow regulatory requirements, the human value of loyalty and, of course, fear of loss of employment.

In order to balance the issues you will need to gather information. Why is your proprietor's girlfriend too embarrassed to seek medical attention? What kind of 'vaginal infection' is it? Is there an urgent need to seek another GP who might not make her feel embarrassed? What is at stake clinically if she is not treated? How can the pharmacist be sure this is the correct antibiotic? Can you give an emergency supply pending a doctor's prescription? Can you call her doctor?

Another ethical principle here is that the patient should not be allowed to go uncared for. Every effort must be made to attend to her needs – fear of loss of employment should not drive your decision, nor even legal requirements. As professionals we are expected to maintain a standard of practice beyond unthinking conformity with the law.

Having deliberated, the pharmacist must decide on an approach that can withstand any challenge from any professional or legal body, or from the owner. In this case, depending on the patient's response, the best option may be for the pharmacist to persuade the patient to seek proper medical advice in her own best interest.

Betty Chaar, BPharm, MHLaw, PhD,is an ethicist and lecturer in pharmacy practice, University of Sydney, Australia.

The pharmacist's view

This case highlights just one of many pressures that pharmacists face, and in these circumstances the pharmacist may be afraid of losing their job. This implied threat is a kind of blackmail and it is crucial that the pharmacist should not relent – for complying with illegal or unethical requests will only perpetuate the situation.

The only way forward is politely but firmly to refuse to supply the antibiotic and then, if possible, to discuss ways of dealing with the situation: for example, the pharmacist might suggest an OTC purchase of a P medicine alternative.

It may help to explain that complying with this kind of request could lead to the pharmacist making an appearance in court or before a disciplinary body – the person requesting the favour, by comparison, is unlikely to be asked to explain his actions.

Barry Shooter, is a proprietor community pharmacist in Aldeburgh, Suffolk, and part-time lecturer in pharmacy management, School of Pharmacy, University of London.

Where does the law stand?

If you are the pharmacist in personal control of the pharmacy (soon to be the 'responsible pharmacist'), you are legally and ethically responsible for the supply of all medicinal products at that pharmacy, including medicines taken by the owner while you are in the pharmacy. The question of who legally owns the products is therefore irrelevant.

Whatever the circumstances, under the Medicines Act 1968 it is a criminal offence to supply a POM without a prescription. Although prosecutions are rare, experience suggests the Royal Pharmaceutical Society will investigate any allegations made, often beginning with a 'test purchase'.

Cases will usually be referred to the Investigating Committee, and it is not unusual for them to be referred on to the Disciplinary Committee, particularly if there is evidence of repeated breaches or if the test purchase by the inspector succeeded.

Noel Wardle of Charles Russell Solicitors LLP, specialists in pharmacy law.

> "The only way forward is to politely but firmly refuse to supply the antibiotic"

This article can help in the following CPD competencies: **G1h, G1m, G3a, G4a, G5c, G5d, G7b.** See http://tinyurl.com/68ox7b

CPD

PLEA is an association of pharmacists interested in law and ethics, and lawyers or ethicists specialising in pharmacy, with the aim of promoting understanding of the ethical basis for professional judgement. For more information contact www.wingfieldworks.co.uk/plea/index.htm

Next month: EHC for 15-year-olds

What would you do?

Do you agree with the options laid out here, or can you see another possible solution to this problem?
Contact C+D at ethics@cmpmedica.com

Sensodyne is Iso-active...

Lesley Ribbens

The Sensodyne oralcare brand from GSK has been extended by two new products featuring the company's Iso-active technology.

The two variants – Whitening and Multi-Action – are both presented in recyclable pressurised cans with a pump dispenser. They are suitable for daily use on sensitive teeth and are expected to draw younger users to the brand.

The Iso-active technology means the gel is transformed in the mouth to a microfine foam that penetrates hard to reach areas of the mouth to give a thorough clean, says GSK.

Support for the launch will begin in the second quarter of the year, with television advertising and experiential activity planned.

Prices: whitening £4.29/100ml; multi-action £3.99/100ml
GlaxoSmithKline Consumer Healthcare, Tel: 0845 762 6637

...and so is Macleans

Three new products have been added to the Macleans oralcare brand. The Macleans Confidence line-up includes a mouthwash, mouth spray and a toothpaste in manufacturer GSK's Iso-active format.

The mouth spray is a first for GSK and offers both cosmetic and medicinal benefits with antibacterial activity. It has a minty flavour and its small dimensions make it ideal for use on-the-go.

The Iso-active White & Clean paste is designed for daily use and promises 'clean and naturally white teeth'. It has an icy fresh flavour and the Iso-active technology helps the whitening ingredients reach even hard to reach areas, says GSK.

Macleans Confidence mouthwash helps prevent discolouration and stains while providing long-lasting fresh breath. The formulation is alcohol-free and has a minty taste.

Support for the new products is scheduled to begin in late spring.

Prices and Pip codes: spray £2.29/15ml, 343-8660; paste £3.19/100ml, 343-8686; mouthwash £2.99/500ml, 343-8652
GlaxoSmithKline Consumer Healthcare, Tel: 0845 762 6637

Put on the whiteners

The Aquafresh Iso-active toothpaste range has been extended with the launch of a whitening variant.

As well as whitening the teeth, the new product claims to offer superior removal of bacteria compared to ordinary toothpaste. Once dispensed, the gel transforms into an active foam designed to penetrate hard-to-reach areas and break down stains. Manufacturer GSK will support the new product and the rest of the range with promotions in the spring.

Price: £3.19/100ml
GlaxoSmithKline Consumer Healthcare, Tel: 0845 762 6637

...this week see:
...and Druggist.

Nappy talking on TV

Bepanthen nappy care ointment begins a TV ad campaign this week, promoting the dual action claim that Bepanthen 'Protects and cares for babies' delicate skin'. Running until March 20 on satellite and terrestrial, the activity is part of a £2 million promotional spend on the brand this year, reports manufacturer Bayer.

Online activity is running until August on websites including Netmums, Emma's Diary and Yahoo's parenting area. Sampling via Emma's Diary is predicted to reach up to 600,000 people.

Product info: Ceuta Healthcare Tel: 01202 780558

Snore point of ad

The Breathe Right nasal strips brand begins a national £400,000 television advertising campaign this week. Running to the end of February, the 'Believe' ad features a couple preparing for bed and explains how the product works to help users breathe more easily while they sleep. Viewers are encouraged to text in for a free sample. The ad ends with the strapline 'Breathe better. Sleep better. Breathe Right'.

Product info:
GlaxoSmithKline Consumer Healthcare, Tel: 0845 762 6637

Get inter brush

Toothbrushes inspired by dental floss have been added to the Aquafresh brand, says manufacturer GSK.

Aquafresh Interdental Action looks like an ordinary brush but with additional, finer bristles extending beyond the normal bristles. It is said to reach up to 50 per cent deeper in interdental areas compared with a regular brush. A flex zone in the neck is designed to protect the gums from excess pressure during brushing. The brushes do not claim to replace flossing, but are expected to appeal to users who do not like to floss.

Both manual and battery-powered vibrating Buzz formats are available. Promotional support is scheduled to begin in the late spring.

Prices and Pip codes: manual £2.99, 343-8694; Buzz £4.49, 343-8702
GlaxoSmithKline Consumer Healthcare, Tel: 0845 762 6637

Don't miss C+D's next retailing newsletter. Sign up at:
www.chemistanddruggist.co.uk/register

Deep Heat is a Superbrand

Mentholatum's Deep Heat brand has been named a Superbrand in the annual programme of the same name. It means the brand is one of the UK's top 500, as judged by a panel of experts then voted on by consumers.

Commenting on the accolade, Lynne McGinness, senior brand manager, said: "Deep Heat is a brand which people know and trust and we are very proud of it as sales continue to grow. Its achievement in becoming a Superbrand reflects not just its longevity, but its continued success and the respect and affection in which it is held by consumers."

A Superbrand is defined as having "established the finest reputation in its field. It offers customers significant emotional and tangible advantages over other brands which (consciously or subconsciously) customers want and recognise".

Product info: Laser Healthcare
Tel: 01202 780558
www.superbrands.uk.com

Joan spreads word

Sleep aid Nytol returns to television screens this week with a re-run of the Aardman-produced commercial featuring clay figure Joan. The £1.2 million burst of activity will run until early April. Digital and press ads in women's monthlies and weeklies will support.

Following its first screening last summer, Nytol sales rose by up to 39 per cent during the 10 week campaign compared with the previous 10 weeks, reports manufacturer GSK.

The 30-second advert, created by the studio behind the popular Wallace and Gromit characters, sees Joan feeling exhausted through lack of sleep. On discovering Nytol she drifts off to sleep and is seen waking refreshed into a boisterous family. The strapline 'Good mornings follow a good Nytol' ends the ad.

Product info:
GlaxoSmithKline Consumer Healthcare, Tel: 0845 762 6637

Retail TALK

Following on from the storm Benylin created with its 'Take a Benylin day' campaign, when a member of your staff catches a cold what do you prefer them to do?

WEB VERDICT:

Come to work: 27%
Stay at home: 73%

Off the shelf view: What a sensible view! But is it practical? Listening to the coughs and sneezes in the C+D office, there wouldn't have been a magazine to read in recent weeks if the cold sufferers had stayed at home...

This week: Do you take vitamin and mineral supplements?
Vote online at www.chemistanddruggist.co.uk/prodnews

Oralcare analysis

EXCLUSIVE As GSK reveals its oralcare innovations, Lesley Ribbens looks at how pharmacy can benefit

GSK is aiming to get consumers talking about oralcare with what it describes as its biggest ever year for new product development in the category.

In an exclusive interview, Jon Sandy, category controller, spoke to C+D about GSK's launch of seven products across its oralcare offering, and the £23 million TV ad budget for the year that is backing the category.

A bold step perhaps in these recession-hit times, but Mr Sandy believes the economic climate might work to their advantage. With access to NHS dentists becoming increasingly difficult, canny consumers may look after their teeth better to avoid the cost of treatment. And in a market worth £800m, there's plenty of return to be had on investment.

"Mouthcare is often seen as a dull, routine category. People don't think about it too much," says Mr Sandy.

"We are using innovation and elevating the way people think about their mouth. Aquafresh Iso-active foaming gel launched last January in citrus and fresh mint. It's been really successful and grew the category last year. Therefore it's a great platform to use across the board."

Iso-active products react to the temperature of the mouth and act quickly, getting to work in hard-to-reach places and giving better coverage, explains Mr Sandy. Hence the new products have been developed so the format has something for each of the three groups of oralcare consumers: those using an everyday toothpaste, sensitive tooth sufferers and those wanting to whiten their teeth.

Aquafresh Iso-active is now available in a variant offering the added benefit of whitening. Meanwhile, the Macleans brand has been taken into the Iso-active arena with a white and clean, icy fresh flavoured product and Sensodyne now includes a multi-action and a whitening product in the can format.

For Sensodyne, GSK is hoping the development will attract younger users. Says Mr Sandy: "Sensodyne historically has not been associated with a good taste but the Iso-active format improves the flavour. All the products taste delicious and this encourages daily use."

This year is set to be a busy and important year for the Iso-active format. GSK is holding events to allow consumers to try the products with the hope that once they realise how different they are, they'll be back for more. Aiming to capture the public's imagination, the events will run in shopping centres and in-store. TV advertising will also run.

Macleans has entered further new territory with the introduction of a breath freshening mouth spray, a first for GSK. Measuring just 8cm high, the 15ml spray should be positioned for impulse purchases so clip strips and counter units are available, advises Mr Sandy.

"This is the biggest year for new product development in GSK's oralcare department and these are some of the best products we've ever come up with. It's easy to bring out a new flavour. But we need to move forwards and bring new benefits to the category," says Mr Sandy.

Making space on the shelves for so many new products at once may be difficult. But Mr Sandy sees this as a good opportunity to think about which products are really needed and rearrange as necessary. He suggests keeping an entry level offering and covering the three needs of everyday, sensitive and whitening. As the Iso-active cans stand upright they are not space hungry on the shelf.

As far as financial rewards are concerned, the oralcare market is currently showing growth of around 2.5 per cent but with prices coming down this is slowing. However, Mr Sandy believes that GSK's innovations will move the category forward and could easily double the rate of growth.

The long-term aim is to achieve double-digit growth and there's more NPD to come to help GSK realise this target.

FREE job listings

Quids in!

Let C+D save you money with FREE online jobs advertising

Target more than 15,000 pharmacy professionals with **free** job listings on **C+D's** website

For a limited period C+D is offering free online recruitment advertising at www.chemistanddruggist.co.uk/jobs

Call Jonathan Franklin on 020 7921 8333 today to find out how C+D can improve your recruitment prospects

Looking for a new job? Got a staff problem? C+D's new weekly careers section is your one-stop guide to making the right decisions

How to bag that interview

It's the document that will decide whether or not you get your foot in the door. Zoe Smeaton reveals how to make your CV work for you

Are you a red hot pharmacist? Does your dog have a groovy name? Or is your boss useless? If so, your future employer doesn't want to know about it. Writing a CV might sound simple enough, but pharmacy employers have seen all of the above arrive in their inboxes and they don't necessarily show candidates in their most professional light.

So just how do you go about producing the document that could have more impact on your life than any other?

Whatever job you are applying for, there are general rules that you will need to take heed of. Siobhan Griffin, UK resourcing officer at Lloydspharmacy, says the most important thing is to ensure your spelling and grammar are in order. Ms Griffin warns: "The whole purpose of pharmacy is to have attention to detail, so if it's not displayed in a CV, it doesn't say good things about you."

For length and layout there are some general points that will apply to almost all CVs, regardless of the industry, says Peter Panayotou, a senior consultant at The Write Stuff, an independent consultancy specialising in producing CVs. For example, most CVs are two sides long, possibly stretching to three if it is particularly technical.

One common question is whether to tailor CVs to different roles. While some tweaking can be useful if you want to give certain skills more emphasis than others on different applications, Mr Panayotou says: "I advise people not to do that too much, simply because I think that if you have got a good CV and it sells you, then really you should be able to use it for anything you want without fiddling about with it." Instead you can use a cover letter to highlight specifically how you fit the business. As Ms Griffin says: "Generic cover letters are a big turn off."

Another possible pitfall, which Mr Panayotou says is particularly common in more scientific or technical CVs, is the use of jargon. He warns: "You have to be careful about that – CVs may not be looked at by people working at the coalface." And Ms Griffin advises: "If your business uses acronyms, they are often only relevant to your business and may mean nothing to other people."

Going into too much detail on specific projects can also be a problem on some technical CVs, Mr Panayotou says. He warns: "The CV is about you, it's not about a project. You're not trying to sell your jobs, you're trying to sell you."

Ms Griffin also warns that you should be careful about

giving away personal information on CVs. For example, email addresses should be professional, and she adds: "You don't need to put lots and lots of personal information down, I don't need to know that you go socialising. [Sometimes] we get details about peoples' children, or the dog's name. It's a bit too much." You also don't need to give reasons for leaving previous jobs, she says, and making derogatory comments about your previous employer "doesn't look good".

For pharmacy CVs there is certain information you can't afford to leave out. Any experience offering additional services should be outlined. And Jane Lumb, training manager at Numark, advises: "Ensure you mention any post-graduate programmes you have completed, for example Skills for the Future accreditation, as these are more often than not a condition of employment." Your RPSGB membership number should be included, along with details of any relevant organisations you have joined, or pharmacy committees you sit on.

It's clear there is a lot to think about, but perhaps the most important thing of all is to stay positive. Ms Lumb says pharmacists shouldn't be embarrassed to shout about awards, accolades or even meeting MUR targets. As she concludes: "A CV should tell a prospective employer more than just your work history, it should give them a feel for your enthusiasm and therefore your potential."

CAREER TIP of the week

"Don't pretend you know more than you do. Your team will respect you more if you freely admit your ignorance and ask to be informed. Asking stupid questions is a sign that you are not stupid."

Adapted from Brilliant Manager, by Nic Peeling
www.chemistanddruggist.co.uk/booksforjobhunters

Your QUESTIONS answered

How should my CV look?

Peter Panayotou, of The Write Stuff, advises laying your CV out in a small number of clear sections:

- **Professional profile:** This is the introductory section, which says who you are, what you are trying to achieve and what you will offer the employer. It should highlight any particular strengths, mentioning significant awards won or any areas you have become a specialist in.
- **Skills:** This section gives an opportunity to detail what strengths you will bring to the company. It's important to include a variety of areas, such as interpersonal skills (to help deal with patients) to demonstrate that you can cope with all aspects of the industry. You could include descriptions of how the skills were acquired, such as through a previous job, but this should be brief – it's not an autobiography.
- **Past experience:** This should include information about your previous jobs, and relevant qualifications. Additional training areas are a must, such as MUR accreditation and other services you are trained to provide. Mr Panayotou says that when writing about previous roles you should list actual tasks you had to do, so someone could read it and picture you doing the job. You should also account for any gaps in your employment history.
- **Additional information:** This should include any other relevant information, such as membership of professional groups, any awards or special achievements not covered in the skills section, responsibilities held, and things such as IT skills. This could be split into one or two sections if any area is particularly strong, for example if you sit on lots of pharmacy or PCT boards, or have won several significant awards.

Do you have a career-related question for C+D?

Email jrichardson@cmpmedica.com and we'll ask the experts

The dangers of crystal meth

With pharmacy's ability to control OTC sales of pseudoephedrine medicines under scrutiny, community pharmacist **Bob Dunkley** looks at the dangers posed by crystal meth and how the US dealt with the problem

The discovery last year of crystal meth labs in the UK and the reports that the floors of the labs were coated with the empty packets of pseudoephedrine-containing medicines must give community pharmacists some pause for thought. If two labs have been discovered by the authorities – how many more are out there that have not been discovered?

The RPSGB[1] has produced Law and Ethics bulletins warning pharmacists of what can happen if they make injudicious sales of pseudoephedrine products, and now that we are in the middle of the cough and cold season an extra degree of vigilance is required.

It is important to reiterate the grave danger of crystal meth. One solution may lie with another part of the world that had a similar problem, but has adopted an approach that could be taken up in the UK.

Why crystal meth?

Crystal meth is a readily manufactured psychopharmacologic material that produces long lasting harm.[2, 3] It hijacks the dopamine re-uptake protein in the brain and causes dopamine to act much longer than it should. In addition, methamphetamine re-enters the pre-synaptic neurone and causes an endless release of dopamine until the dopaminergic system "burns out".[3]

Why dopamine?

Dopamine is the brain's pleasure principle – when you experience something pleasurable, dopamine is released, but shortly afterwards various processes stop the dopamine acting, ie the dopamine re-uptake transporter.

Crystal meth takes over those processes, allowing dopamine a longer period of action and hence giving an intense high. As a result of excess dopamine stimulation, people exhibit symptoms of paranoia and violence, and this continues for some time after they stop taking crystal meth. The exact mechanism is beyond the scope of this article, but Stahl 2008 provides a good account of the mechanism with clear diagrams.

Therefore, a community where crystal meth is readily available is at grave danger from random acts of violence. And these acts can continue after all the crystal meth has been removed from the scene.

The Smurfing technique

Pseudoephedrine is the lead compound for the production of crystal meth, and its sale can be controlled by community pharmacists. So why were so many packs of pseudoephedrine reportedly found at the crystal meth labs and does it cast doubt on the ability of pharmacists to control sales?

The more likely answer is that the gangs producing crystal meth use a technique called 'Smurfing'[4], whereby one pack of a pseudoephedrine-containing medicine is purchased by one person at a time – the little people: the Smurfs! Purchase enough small packs and you are in business to produce saleable crystal meth with its associated dangers.

The US solution

The situation in the UK now is akin to the situation that the US found itself in a few years ago – pseudoephedrine could be bought in large quantities for crystal meth labs. But the communities in the US were not content to lie down and let it happen, they went on the offensive with an information programme of what crystal meth would do if left unchecked. They mounted a public information campaign on crystal meth and the havoc it can wreak.[4] It is worth visiting the website of The Oregonian newspaper that deals with the crystal meth problem to see what can be done.[5,6]

Essentially, pressure was brought upon manufacturers to reformulate their medicines so that the product could not be converted into crystal meth, and so phenylephrine replaced pseudoephedrine. It has almost as good a decongestant action but, because it has a hydroxyl group on the benzene ring in a meta position to the propylamine chain, it is much harder, if not impossible, to convert to crystal meth.[4]

I have quoted extensively from The Oregonian newspaper because what has been done, in its communities could be done in the UK – they tackled the problem of crystal meth 'head on', and seem to be winning.

So, what is to be done here in the UK? If more crystal meth labs are discovered, then the MHRA will have no option but to remove pseudoephedrine-containing medicines from sale, depriving patients of a tried and trusted medicament. Some pseudoephedrine-containing products in the UK have been reformulated with phenylephrine, but until this happens for all products, we must all remain super-vigilant.

References

1. RPSGB, www.rpsgb.org/pdfs/psephguide.pdf (accessed November 2008). **2.** Maldonado, R, (ed) Molecular biology of drug addiction, New York, Humana Press 2003. **3.** Stahl, S M, Stahl's essential psychopharmacology 3rd edition, Cambridge University Press, 2008. **4.** Bovett R, Meth lab eradication. www.globalmeth conference.com/prague-08/program.php (accessed November 2008). **5.** The Oregonian, www.oregonlive.com/special/ oregonian/meth/ (accessed November 2008). **6.** The Oregonian, www.oregonlive.com/special/oregonian/meth/pdfs/1006meth_patent.pdf (accessed November 2008)

C+D

0207 921 8123

Booking and copy date
12 noon Monday prior
to Saturday publication subject
to availability

Contact:
Andrew Walker
Chemist+Druggist (Classified),
CMP Medica Ltd
Ludgate House
245 Blackfriars Road
London SE1 9UY

T: 0207 921 8123
F: 0207 921 8136

www.chemistanddruggist.co.u
awalker@cmpmedica.com

Recruitment

BIRMINGHAM

Health Centre Pharmacy in Yardley requires a highly motivated and experienced DISPENSARY ASSISTANT or QUALIFIED PHARMACY TECHNICIANS.

Pleasant working condition with excellant supporting staff. Competitive salary

Monday - Friday

Contact Mr Shah 07771 960 501

RICKMANS PHARMACY

FULL TIME DISPENSING TECHNICIAN REQUIRED

(Qualified/Trainee)

Busy Independent Pharmacy requires a motivated, enthusiastic and customer friendly individual who will take a responsible position and integrate within our established team.
Job description will be provided.

Please call Rick on 020 8690 6060
email your CV to hasmukhpt@aol.com or send to
Rickmans Pharmacy, 197 Stanstead Rd, Forest Hill SE23 1HU

C+D Jobs

To advertise your vacancies, services and products to the retail pharmacy market via C+D please contact Andrew Walker on 0207 921 8123 or email awalker@cmpmedica.com

Chemist+Druggist is rated the best source of information for pharmacists*

***Linda Jones Associates industry survey**

Article for Sale

FOR SALE

Heat sealing Manrex Machine (second hand)
New: Folders (Pink, Yellow, Orange and Blue)
Name Dividers, Plastic Trays

70 - 72 Alma Road,
Windsor, Berkshire SL4 3EZ
Tel: 01753 867 030 Fax: 01753 847650

Take more into account and grow a healthier community.

Key Account Manager – Clinical Operations
Circa £25k + car | South East

Lloydspharmacy has a reputation for championing healthcare nationwide. Our Account Managers make sure institutions and organisations get the opportunity to benefit from our tireless research and pharmaceutical innovation. That's why it's so important we get the most ambitious individuals, guaranteeing we remain at the heart of the country's wellbeing.

Working across the whole of the South East, you'll be responsible for the ongoing account management of professional service contracts, while coaching pharmacy teams and liaising with field managers as only you know how. It's safe to say that building solid relationships with key private sector and the NHS accounts will be vital to your success.

Pragmatic in your approach and with a genuine knack for problem solving, you'll have sound dispensing knowledge and experience of operating within a multi-site pharmacy environment. Your interpersonal and influencing skills will set you apart too, not to mention your flair for developing relationships at all levels. So if you're a bright, ambitious manager with a background in ACT or operations, this could well be the challenge you've been looking for.

To apply for this position please send your CV with current salary details to **hrsscrecruitment@lloydspharmacy.co.uk**

Lloydspharmacy
Your local health authority

Whitby - Pharmacy Manager

Fantastic lifestyle opportunity

Newly built house into pharmacy
Large modern dispensary
Excellent package with great secondary staff
No paperwork, 41/2 day week

Contact Chris on 07801 454125 or
David on 07949 231329

Locums

LOCUM PHARMACIST'S HANDBOOK 08/09

ONE-STOP information source for LOCUM PHARMACISTS.

To order your FREE copy:

TEL: 01268 785245

Email: Locumspress@aol.com

Courses

Buttercups Pharmacy Training

Buttercups Accredited Training Provider

Accredited Pharmacy Training

NVQs MCA Checking Courses Funding (Train 2 Gain)

- Comprehensive range of Courses
- Bespoke programmes e.g. Prereg training
- Flexible enrolment dates
- 24/7 Support
- Dedicated candidate assessors

Contact us

For further information and professional advice

Email:training@buttercups.co.uk

Tel: 0115 9374 936

1-2 The Courtyard
Main Street
Keyworth
Nottingham
NG12 5AW
www.buttercups.co.uk

City & Guilds

edexcel advancing learning, changing lives

Products & Services

Mashco
PHOTO • ELECTRICAL • PERFUMES

AGFAPHOTO

LESS THAN HALF PRICE

36 PHOTOS 200

Agfa Photo Vista
200 ASA 36 Exposures Film
CODE: AGFA20036

- 200 ASA film
- 36 exposures
- ISO 200/24°
- Process AP70/ C-41

SSP WAS £3
NOW £1
LESS THAN HALF PRICE
NET: 55p
IP: £0.56

tel: 020 8204 2224 fax: 020 8204 0224 web: www.mashco.com

Offer applies to purchases between 1st Feb - 25th Feb 2009. E&OE. Not applicable in conjunction with any other offer, settlement discount, VIP, Goods subject to availability. While stocks last.

Pharmacies Wanted

HUTCHINGS PHARMACY SALES

South West	T/O C:	£1,400,000
South Wales	T/O C:	£1,140,000
East London	T/O C:	£720,000
(100 hours Health Centre Pharmacy)		
Bedfordshire	T/O C:	£545,000
Herts	T/O C:	£520,000
Cornwall	T/O C:	£470,000
South West London	T/O C:	£353,000

Selling this year?

If you are planning to sell your pharmacy you should be preparing for it **now**.

Call us **today** for a no obligation confidential discussion:

We can provide:-

- An up to date appraisal of the market
- A free valuation of your pharmacy
- A comprehensive list of information and documents you will need to provide to buyers.
- Tips on how to achieve **TOP** price

We look forward to receiving your call

01494 722224

email: info@hutchingsconsultants.com

www.hutchings-pharmacy-sales.com

Hutchings Consultants Ltd

"We are the only NPA approved supplier for selling your pharmacy"

NPA National Pharmacy Association Approved Supplier

Buying Or Re-Financing A Pharmacy? Here's A NEW Service You Need To Know More About

"You Can Now Have Access To More Cash And Significantly Lower Your Equity Requirement Without Any Restrictions On Which Drug Wholesaler You Use"

This NEW service from Pharmacy Partners gives pharmacy owners the following benefits:

- More cash - significantly lowering your equity requirement
- No restrictions on which drug wholesaler you use - claw back valuable margin.
- A more streamlined application process and faster decision making than if you were to approach a bank directly.

To find out more contact Pharmacy Partners NOW!

Tel: 0808 144 5554

E-mail: info@pharmacypartners.com

or visit Web: www.pharmacypartners.com

PHARMACY PARTNERS

Tax Consultants & Accountants

WE ARE HAPPY TO WORK WITH YOUR EXISTING ACCOUNTANT

Many pharmacists come to us purely for our tax consultancy services, whilst retaining their existing accountant to prepare their annual accounts etc.

This can be an ideal situation if you are happy with the accounts work your accountant does but he is not a tax expert. Instead of losing out on large tax savings let us work alongside your accountant.

Call Anne today for an informal chat about how it works.

Tel: 01494 722224

h & Co.

Hutchings & Co.

The Leading Tax Consultants for Pharmacists.

www.pharmacyexperts.com

Shop Fittings

RAPEED group shopfitters

15 Years of Experience

Nationwide Coverage

Concept, Design & Planning

Manufacture, Fitting & Installation

A-Z The Complete Shop-fitting Solution

www.rapeed.co.uk • 0800 9700 102

SELLING YOUR PHARMACY COULD BE A BITTER PILL TO SWALLOW

MODIPLUS CAN HELP TO:

- Maximise the sale price
- Reduce your Capital Gains Tax to 10% of the gains
- Plan to minimise Inheritance Tax liability
- Introduce you to potential buyers on our database
- And much more...

"Selling my pharmacy could have been a very stressful process. However Modiplus helped me to sell my business by maximising my tax savings. It's the best step I have taken by appointing Modiplus to act for me while selling my business."

MR M PATEL, FORMERLY OF TRIDENT (UK) LTD, LONDON

For more information or for a FREE consultation please call Umesh on:

020 7383 3200

Offices in London and Manchester

www.modiplus.co.uk

Member of Silver Levene Group

THE ONLY REGULATED FIRM OF CHARTERED ACCOUNTANTS AND TAX ADVISERS SPECIALISING IN RETAIL PHARMACIES

THE INSTITUTE OF CHARTERED ACCOUNTANTS IN ENGLAND & WALES

modiplus™ ADDING VALUE

postScript

Open Mike — Mike Hewitson

The not-so-secret diary of a new pharmacy owner

Mike Hewitson is a glutton for punishment. In the midst of economic downturn and with first-time fatherhood looming, Mike has bought his first pharmacy. In this regular column, follow him from his former home in Cheltenham to Beaminster Pharmacy in deepest, darkest Dorset, and Mike will reveal the fears, frustrations and step-by-step successes of a new pharmacy owner.

"I don't have the frustration of working for an organisation"

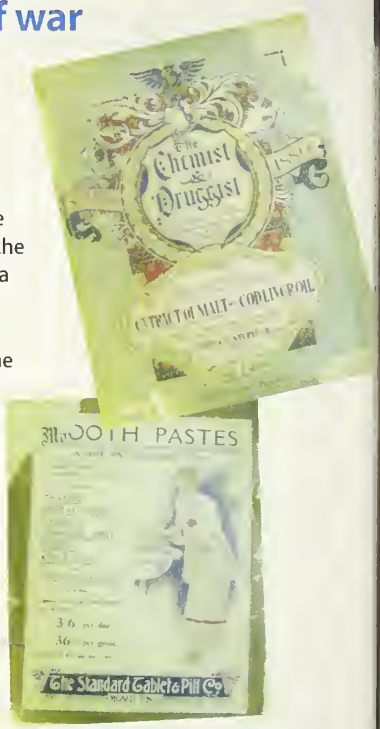
Sometimes I feel like a circus performer, spinning a series of plates and trying to make sure I don't drop one. These first few months have been such a hectic time of new experiences and hard work that I can't believe how quickly the time has gone, which is why I try to keep Sundays as pharmacy-free as I can.

My little Sunday morning ritual is going to buy freshly-baked croissants from the patisserie, followed by proper coffee (rather than the usual half-cold instant that I expect most pharmacists, including myself, get during the working week) and the Sunday papers.

Unfortunately, there is no such thing as a lie-in for us as the church bells wake us up at 9am without fail. But in the afternoon there's no shortage of country pubs and the seaside is just a few miles away, and I can't imagine a better place to live.

So despite the huge amounts of work involved with the move and the business, my quality of life has definitely improved. I no longer spend an hour in the car each day – I'm unlucky if I have to use it twice in a week – and I don't have the frustration of working for an organisation and feeling undervalued or powerless. Although, there certainly are new frustrations to experience as a contractor...

C+D on the verge of war



A clear-out at the offices of wholesaler Ambe Medical Group has unveiled a surprise find – the 1914 Chemist & Druggist Summer Issue (right).

Published just one week before the outbreak of the war to end all wars, the antique tome – more of a book than a magazine – was around long before Ambe was in operation.

So quite how it found its way to the wholesaler's offices is something of a mystery. Ambe owner Sandeep Patel said: "I guess we have collected all these things over the years and then we just dug it out."

Some long-forgotten Pfizer share certificates were also among the spring cleaners' finds.

Jokes Sandeep of his C+D heritage discovery: "I don't know what we should do with it, really – frame it?"

Seeking Ibugel

PostScript received an unusual request this week, from a woman who wished us to instruct her on how to go about purchasing two tubes of Ibugel from her local community pharmacy.

She already knew the address of said pharmacy, so PostScript is so far unsure how to respond, other than in the – one would think obvious – vein of: "Open the door, step over the threshold..." and so on.

We suppose you can take a horse to water...

Web comment of the week

Staff turnover at multiples holding sector back, MPs warn
Posted by Tariq Atchia on 22/01/2009, 19:37

"Sure, there are some **companies** that are **great** to work for, but many multiple pharmacy branches are **overstressed, overloaded** hell-holes"

Have your say on C+D's website
register for free at www.chemistanddruggist.co.uk/register

What have you and your team been up to lately?
Let us know and send us your photos.
Email postscript@cmpmedica.com

IMPORTANT INFORMATION ABOUT THE WEEKLY PRICE UPDATE

From January 2009, the C+D weekly price update leaflet will be replaced by a weekly email that will enable you to view the changes on screen and print out individual pages as you require.

We believe that the new email service will provide a number of benefits:

Faster

The price and product information will be even more up-to-date because there won't be any delay while we print and post it to you

More flexible

Receive as many copies as you want – your colleagues never need share again

Environmentally friendly

We all want to do something better for the environment – the new format will ensure less waste and a smaller carbon footprint

Register today!

To make sure you continue to get your weekly updates, email your name, subscriber number and the email address to which you would like the update sent, to:
priceupdates@chemistanddruggist.co.uk
or alternatively fill in the coupon below

Yes, I would like to receive the weekly price updates from 2009 by:

❑ **Weekly email containing a link to the data (on the C+D website)** ❑ **Weekly email with PDF attachment**

Name _____

Email _____

Address _____

_____

_____

Subscriber number (found on the outside of the C+D wrapper) _____

Please return to: **Emily Miles, Freepost RRGT-LUBH-CKXJ, Chemist+Druggist**, CMP Medica, Riverbank House, Angel Lane, Tonbridge, Kent TN9 1SE

gsk GlaxoSmithKline Consumer Healthcare

...they sometimes need a little extra assistance. New NiQuitin® Pre-Quit™ Lozenges are specially designed to help interested but hesitant quitters reduce their cigarette intake over a period of 2 – 6 weeks in the run up to their chosen Quit Date. By recommending use of this short-term structured programme, you can help quitters build their confidence and motivation, so that giving up doesn't seem so daunting.

NiQuitin 2mg/4mg Mint Lozenge and NiQuitin Pre-Quit 4mg Mint Lozenges (nicotine). For relief of nicotine withdrawal symptoms, abrupt/gradual smoking cessation. **Dosage: Adults (18 and over):** *Gradual cessation (Pre-Quit):* Prior to abrupt quit use a lozenge (max. 15/day) when strong urge to smoke to reduce cigarette consumption. Professional advice if no reduction after 6 weeks/quit attempt after 6 months. *Abrupt cessation:* 4mg if smoke within 30 minutes of waking, 2mg if longer. Weeks 1 to 6, 1 lozenge every 1 to 2 hours (min. 9, max. 15/day). Weeks 7 to 9, 1 lozenge every 2 to 4 hours. Weeks 10 to 12, 1 lozenge every 4 to 8 hours. Weeks 13-24, 1 to 2 lozenges per day when strongly tempted to smoke. Professional advice if use > 9 months. *Temporary cessation:* 1 lozenge every 1 to 2 hours (max. 15/day). Professional advice after 6 months if using regularly and no quit attempt made. **Adolescents (12-17 years):** Abrupt cessation only. Dosing as for adults but seek professional advice if >12 weeks treatment required/unable to quit abruptly. **Contraindications:** Hypersensitivity, occasional/non-smokers, children under 12 years. **Precautions:** Risk of NRT substantially outweighed by risks of continued smoking in virtually all circumstances. Supervise use in those hospitalised for MI, severe dysrhythmia or CVA who are haemodynamically unstable. Once discharged, can use NiQuitin as normal. Susceptibility to angioedema, urticaria. Renal/hepatic impairment, hyperthyroidism, diabetes, phaeochromocytoma, low sodium diet. Swallowed nicotine may exacerbate oesophagitis, gastric/peptic ulcer. **Pregnancy/lactation:** For those unable to quit unaided the risk of continued smoking is greater than the risk of using NRT. Start treatment as early as possible in pregnancy for 2-3 months. Lozenge/gum preferable to patches unless nauseous. **Side effects:** At recommended doses, NiQuitin Mint Lozenges have not been found to cause any serious adverse effects. Nausea, hiccup, flatulence, GI disturbance, appetite change, oral irritation/ulceration, bleeding gums, halitosis, dizziness, headache, insomnia, nightmares, restlessness, anxiety, palpitations, tachycardia, thirst, taste/sensory disturbance, dyspnoea, pharyngitis, respiratory disorders, rashes, itching, numbness, flushes, throat swelling, chest pain/tightness, lethargy. See SPC for full details. GSL. **PL** 00079/0369, 0370. **PL holder:** GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. **Pack size and RSP:** 36's £8.03, 72's £15.63. **Date of revision:** September 2008. **NiQuitin, Pre-Quit** and **Click2Quit** are trade marks of the GlaxoSmithKline group of companies.

nicotine

MyPharmAssist.co.uk
The Online Pharmacy Community

EASE THEM INTO QUITTING FOR GOOD